

the **JOURNAL of SOCIAL THERAPY**

Official Publication of The Medical Correctional Association

first quarter 1957

vol. 3, no. 1

the **JOURNAL of SOCIAL THERAPY**

Official Publication of The Medical Correctional Association

first quarter 1957

vol. 3, no. 1

editor: **Ralph S. Banay, M.D.**

editorial board:

James V. Bennett, LL.D.

Kenneth G. Gray, Q.C., M.D.

Francis J. Braceland, M.D.

William H. Haines, M.D.

Walter Bromberg, M.D.

Nathan K. Rickles, M.D.

John Donnelly, M.D.

Paul L. Schroeder, M.D.

editorial associate:

Crerar Harris

editorial assistant:

Mary C. Allen

Office of Publication
927 Fifth Avenue
New York 21, N. Y.
BUTTERFIELD 8-9060

Office: 645-1, Broadway, N.Y.

Attorney at Law

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

James J. Brown, Jr.

CONTENTS

first quarter 1957

Thought Painting: A Key to Therapy for Emotionally Disturbed Children C. J. Van der Horst-Oosterhuis, M.D. <i>Director, Child Guidance Clinic, Valeriusclinic, Amsterdam</i>	2
Forum Anonymous: The Technique of Alcoholics Anonymous Applied to Prison Therapy Joseph A. Cook and Gilbert Geis <i>University of Oklahoma</i>	9
Group Psychotherapy in a Post Stockade Bernard H. Shulman, M.D. <i>The Psychiatric Institute of the Municipal Court of Chicago</i>	14
Rehabilitation: A Psychiatrist's View of the Correctional Institution Program James E. McGinnis, M.D. <i>Chief Psychiatrist, Los Angeles County Hospital</i>	19
Problem Families in Great Britain Doris M. Odum, M.A., M.R.C.S., L.R.C.P., D.P.M. <i>President, European League for Mental Hygiene</i>	27
Some Sexual Deviations William H. Haines, M.D. <i>Director, Behavior Clinic, Criminal Court of Cook County, Chicago</i>	39
Point of View	46
Book Reviews	52
World of Social Therapy	59

THOUGHT PAINTING: A Key to Therapy for Emotionally Disturbed Children

C. J. Van der Horst-Oosterhuis, M.D.

Director, Child Guidance Clinic, Valeriusclinic, Amsterdam

THERE are many patients with a large amount of suppressed or open aggression who are afraid and paranoic and whom it is difficult to approach by verbal therapy. When speaking with them one has a feeling that one does not get in touch with them, or that they try to enter the world of the therapist and to understand him but cannot give an adequate answer. It seems as if they live in another world. This is the case with children, especially in puberty, and also later at the time of their integration. They cannot be called definitely schizophrenic, however. In school they give the impression of being lazy and absent-minded, of being able to achieve more than they actually do. At home they are impudent and rebellious; they forget everything; they have no friends; they are irritable and have their fists ready, or they stand in a corner and never hit back.

In their puberty they can be quite rebellious, especially against the mother. They feel very lonely. They expect very little from life, although they often think themselves gifted. They are keen on sensation, like to read the newspaper and love radio shows and television. As they grow older compulsion phenomena are likely to appear, hindering them greatly and reducing their achievements even more. *A fortiori*, when having to do with schizophrenics, one is aware of a completely different way of life and attitude toward life that one cannot sense or approach.

Still it is possible to get in touch with them in a special way. These patients cannot tell their thoughts, but they can paint them, and their products can be interpreted by the therapist together with the patient on the level on which they paint and therefore quite adapted

to their world of experience. One speaks with the patients about the critical time in their life and brings them into an emotional sphere. Thus one actually takes up the anamnesis in a special manner, starting from the period when they were 3 or 4 years old, and at the same time putting stress on the emotional moments. After having thus brought the patient into an emotional state and discussed with him the things he has been thinking about all of that time, I ask him to sit down at the drawing-board. He may take a brush and choose the color of paint he likes best. Then the only thing he needs to do is to put the tip of the brush on a piece of paper and follow the brush. He may paint something specific, or just lines; it does not matter so long as he only paints his thoughts and does not copy anything.

THEN, surprisingly enough, all patients start painting. They are told explicitly that it does not matter whether it is beautiful or not. The only thing that counts is that they should paint their thoughts. For a moment they go on painting the same line hesitantly, but soon they forget everything else and continue tensely, until at a certain moment they say it is finished. At this point the therapist, who is sitting behind the patient and looking over his shoulder, starts to interpret with him. This requires much training and must be learned with children. They are so outspoken and live so much in the world they paint that one learns from them to name the symbols and to interpret them in the right way. In the beginning the manner of interpreting should be very amorphous and totally adapt itself to the level on which what they paint is experienced. It always starts with the oedipal situation and quite simply, in a child-like manner, this is indicated by "sticking and the rival." This is the way the children speak about it.

After painting rivalry and oedipal relationship, at which point two children are born (the number of children painted is always two), the patient depicts the menace of the rival. Paradise—of the oedipal relationship—is at once shattered. Death of the patient, the partner and both children follows, with castration of both patient and partner.

Here the female castration is also painted. Formerly this was not further examined, because the patients cannot express it in words, but they do paint it. A hook enters into the woman and fetches out the "little ball." These are designations that the children themselves gave. At last the punishing authority—either father or mother—is also killed by the other party. As you see, logic has nothing to do with this, and people who have been killed may very well kill the other one after-

ward. Everything must be left in this simple amorphous, childlike sphere.

After the oedipal situation, the experience of changing sex is brought up. By the castration the patient gets to play the part of the other sex. For the male patient to be in the female role is extremely frightening. Full of disgust, he paints himself in the female role, and when he has painted birth (as a mountain spitting fire, etc), he describes this as being in a panic. The oedipal situation is painted again, but both partners have changed sex, so it is the oedipal situation in a reversed relation. Female patients also paint the reversed oedipal relationship but, full of disgust, they will put even more stress on the contact with the mother, painted as two touching sticks; both have changed sex. In female patients an intensely suppressed aggression against the mother is often present. Once this is turned loose, they cannot stop killing and castrating the mother in every sort of way. In the beginning this is painted quite disguisedly; later it will appear as an animal that is killed, or a distorted face separate from the body.

EATING and being eaten also play a part here. First the punishing rival will eat the four (patient, partner and two children) of the oedipal situation. Later they are swallowed in their turn. The teeth are painted in detail. Thus the face is speared on a tooth. The face is turned out with the feces, depicted in brown contours. The patients derive great pleasure from these drawings. Sometimes they look at them for quite a while, fully concentrated and silently enjoying it. All this takes place in a sphere other than the real one. (They will tell me when they arrive that they are wearing eau de cologne given by their mother. When they leave they talk quite pleasantly about home.)

Frustration at the mother's breast and in utero is painted next. Then fright and aggression extend to still greater depths. Castration is not carried out now by the punishing rival, but a mysterious silent power comes on the scene, announcing himself by a special token. He puts his stick into the patient's eye or ear. Children develop that are eaten by the patient and are turned out with the feces, and these castrate the patient. It sounds like a fable, but this is the way the children tell it, and with all patients I find this development confirmed. Relaxation is great once this stage has been reached and the patient has dared to paint it.

There is a great terror for that mysterious unknown one. Some represent him with devil's feet, with a tail or with burned-off feet, as

these were consumed by flames. Others just picture him as a threatening animal. It takes a long time before they dare to give form to this mysterious one. In the beginning he is only hinted at, or vaguely painted in white. This unknown one threatens them always. In all sorts of ordinary events they see omens that predict disaster against which they must safeguard themselves. Things people shout to each other in the street, or the fact that for example a butcher and a young girl pass at the same time, may be quite important and frightening for them, as it means the mysterious one is up to something again. By special rituals they try to safeguard themselves. These they have invented themselves. When opening a door they say a special sentence, and so on. The psychasthenic compulsion phenomena are connected with this.

At last the unknown one is also killed, as the stick of the patient enters the ring of the unknown one, and the children that are coming will kill him. After that the patient dares to express all the homosexual tendencies and to depict his fear of the heterosexual relation. The desire to let himself go beyond all control, aggressive action like besmudging and biting the mother's breast, comes to light. Then, after this very profound self-knowledge, he gets the feeling of being destroyed by forces that come from the ground and from the air. He is completely crushed between them, and then slowly the new person grows up in normal proportions. The deeper the thoughts that are painted, the more amorphous their representation.

IT has been a work of five years to find out this process. Starting from what was interpreted with children, the findings have been verified over and over again with grown-ups. At first I had to go through a long anal and oral phase with the patient, but this does not happen any more. It is true that many anal and oral motives are present, but since these are now interpreted immediately, the anal and oral phases as such disappear. The paintings do not remain on the same level any longer, as each painting means a further step. In the end the vagueness and amorphousness disappear. When interpreting, instead of speaking of a man, a woman etc., we speak about you, your father, your mother. The treatment does not last longer than a few months. Of course, building the personality takes more time. After his fears have largely disappeared, we see the patient's personality develop. There is much to recover, for there is always regression. We also find introspection now, even in schizophrenics, who in other circumstances can only look at their lives chronometrically: so many years ago this

and that happened—but what they experienced then they do not put into words. They do so after the treatment, however. They will paint the split in their personality, the rough and the tender side, or—as they also say—the male and the female side in themselves, by which they impregnate themselves, can keep turning round all the time in their own circle of thoughts.

Now they get insight into their own shortcomings and do not project everything outside themselves: "I was queer indeed." "It is quite understandable that they laugh about me. I always looked so hard at people, naturally they must have noticed it." And then we get a view of all the humiliations to which they have been submitted since their childhood. They are sensitive and have a great need of contact, but they never know how they should handle things to get this and they are always awkward. As a result they had stood alone and had not been accepted by their surroundings. Later they were laughed at; or people were very kind and they were glad about this but noticed that these people laughed about them later. People imitated them. Later they were hooted at, derided. Their families think they are queer, lazy, irritable and aggressive. "He never gives you any pleasure, he is never spontaneously happy." Every party is spoiled by the patient. The parents lack confidence in their child, though he is often talented. They are repeatedly disappointed. And the child is not indifferent or insensitive or lazy and feels all this is an injustice. These children remember everything and can still describe in detail situations of their early youth. It is therefore understandable that these children turn paranoic, keep aloof from their environment and assume a haughty attitude toward it. They begin to derive pleasure from teasing and are glad about the misfortunes of others. When they are very afraid, some will start wandering and others become aggressive and arrive at reckless behavior. Many others assume a passive attitude; they hardly go outdoors any more and they let their lives be governed by the measures they take to safeguard themselves against the tricks of the unknown one, who is always waiting to trap them. Their whole thinking power is seized by this. We should, however, make a distinction here between the extrovert and introvert types.

IF it were possible to treat such children, they might have a totally different life and, socially speaking, one would do a good work. The first aim of the child is to go toward reality. When there is danger

or when he feels threatened, he can retreat to the fictitious world. This is lying within reach, as he still sees everything around him as in unity with him and therefore having human faculties at its disposal. But at the same time he knows quite well that these are material things outside of him. When children play we see this transition from phantasy to reality time and again.

When the child is becoming neurotic, he cannot really play any more. It is exactly the playful side of life that gets lost. Everything has become bitter earnest. And when he retreats into the imaginary world under difficult circumstances, relations in that world will control his life. It is the preschizoid child, with his already asthenic or dysplastic stature, his oversensitiveness and his clinging to suffered frustrations, who is predisposed to flight into the fictitious world. Then he lives from within the relations that count in the other world, and these are quite different from those in the normal one. Here logical relations have no value. Here there is no rationality, no casuality, but signs indicate someone's presence, omens predict threatening disaster, ceremonial acts exercise the evil powers. The whole environment gets another aspect. Some patients say that it seems as though everything goes much faster, as though dimensions look much larger or much smaller. The children who are more and more pushed into this fictitious world, because their environment does not accept them the way they are and cannot understand them, fall prey to the fears of this world. Their behavior is no longer free, but becomes compulsive. This does not happen all at once. The child is directed toward reality and fights to stay in it. He lives in a continuous strain to act just as others do. And every time he meets with less success. In the end, after a struggle of many years, the feeling comes: "I won't get there." But this is immediately projected outside of him. As a result there emerges the hostile attitude, the grudge against society that has no place for him.

ALL this may be prevented when these children are enabled at an early age to paint their thoughts, which they cannot put into words. Then we see that they relax and open themselves up more and more toward reality. Their power of concentration grows quickly. Tensions at home lessen. At the same time their environment must be given an insight into the child's condition. Of course there is a regression, but when children are concerned this is easy to recover. At an older age

it takes more time, for when the environment does not cooperate sufficiently the symptoms will easily become of a hysteric nature.

If these children are not treated and do not get rid of their fears, people may grow out of them who give much trouble to society, who try to forget their fears in extravagances and in the use of narcotics, who start rambling and commit thoughtless acts that bring them into conflict with the law.

Thought painting is a method suitable for the treatment of these children. After the treatment, varying from six to nine months, they calm down. For older people the treatment should be more intense: two or three times a week. These, too, will return to society. Up to now I have not treated any persons over the age of 30, not because this method could not be applied to them, but it takes much more time, and as the external circumstances of their lives have usually been moulded into definite forms, it is often difficult to create the right atmosphere for the growth of their personality.



IF men would but live up to one-half of what they know in their own consciences they ought to practice, their edge would be taken off, their blood would be sweetened by mercy and truth. . . . 'Tis want of practice and too much prate that hath made way for all the incharity and ill living that is in the world.

—William Penn

PSYCHOLOGY, ethics and philosophy have tended more and more to interpret man almost exclusively in terms of what the Victorians called his baser or animal nature, and those whose business it is to contemplate or to judge him have been more and more inclined to exclaim "How like a beast" instead of "How like a god." So insistently have they stressed the less attractive aspects of both the human being and the animal that man is often driven either to despair of himself or to a cynical acquiescence in the infamy of nature.

—Joseph Wood Krutch

WISDOM is the principal thing; therefore get wisdom, and with all thy getting get understanding.

—Proverbs IV:7

FORUM ANONYMOUS: The Techniques of Alcoholics Anonymous Applied to Prison Therapy

Joseph A. Cook and Gilbert Geis

University of Oklahoma

GROUP therapy has increasingly been accepted as an integral factor in the treatment programs in American penal institutions.¹ While all therapy programs have substantially similar general aims, techniques tend to vary greatly. Data on the relative success and failure of different types of group therapy programs are scanty, largely because of the difficulties involved in obtaining such material, both in terms of experimental design and in more mundane terms of available time, finances and information. Because of this, correctional programs in group therapy are necessarily often based upon patchwork evidence of their effectiveness.

This paper is an attempt to evaluate the particular assets, using primarily observation and inference, of a social therapy program that has been in operation at the Federal Reformatory, El Reno, Oklahoma, since mid-1953. It is believed that this program has a number of unique and possibly significant treatment values that may be useful in therapeutic programs elsewhere.

Forum Anonymous was begun at El Reno when it became apparent that the Alcoholics Anonymous group that had been meeting since October 1951 was not broad enough in scope. The program was expanded, with the sanction of the AA Foundation, to include "any problem in living" rather than alcoholism alone. At present only about 25% of those persons participating in Forum Anonymous have what they consider to be problems involving alcohol.

Forum Anonymous employs the general procedure of AA, the so-called repressive-inspirational method of group therapy, which seeks to sublimate the antisocial pattern of behavior by furnishing for the

individual an inspiration toward a more socially acceptable way of life. The group-relations principle is explicitly utilized for producing change in the individual, yet there is little, if any, conflict with the assumption of individualistic therapy.

Meetings of the Forum group are held once a week in the evening for two hours during the winter months, and twice a month during the summer. The first hour is similar to the AA "closed" session, with discussion of the twelve steps and personal problems. After a short "smoke-break," the second hour is devoted to social-educational films, films dealing with problems in marriage, work, social life, emotional growth, alcohol, narcotics and other areas of possible disorganization.

Forum activities are inmate-operated. However, the prison's social education instructor is present at all sessions in the capacity of observer and sponsor. The group has a chairman, a secretary and discussion leaders; together these form a twelve-man steering committee. One member serves as editor of the 24-page monthly publication, *The Rebound*, which contains discussions of any kind of a "serious problem in living."

El Reno's inmate population is 950. Of this number, about 600 would be able to attend Forum meetings; others have work or night classes, are in punitive status or are undergoing orientation. The average winter attendance is eighty persons; in summer this increases to about 100. Forum attendance and participation are strictly voluntary.

Forum Anonymous, it is believed, effectively exploits the therapeutic values of healthy group interaction while including the beneficial effects of individualistic treatment. In the latter, it is considered that "reform" results from enabling the inmate to rid himself of individual emotional sores. This is accomplished by providing a permissive setting in which inmates can ventilate suppressed hostilities and reduce individual isolation through integration into the therapy group.

Some use is also made of the analytical approach, in which free association and intuitive interpretation of the material presented by the group are fostered. The Forum Anonymous program, however, differs in one essential respect from the program of "guided group interaction" employed by McCorkle in the New Jersey prison system. McCorkle defines his method as "using free discussion in a friendly supportive atmosphere to re-educate the delinquent to accept the restrictions of society by finding greater personal satisfaction in conforming

to social rules."² The major difference from Forum Anonymous is McCorkle's lesser reliance on intra-group relations. Forum Anonymous aims to provide positive contacts with a group that will directly or indirectly implant in the inmate the noncriminal values of the larger society. The Forum Anonymous approach, therefore, claims the added advantage of group control effected and supported by individual therapeutic efforts.

Some of the inmate feelings about Forum Anonymous were gathered from interviews and from a questionnaire administered to 29 regular members of the Forum and 47 inmates who were attending a Forum meeting for the first time. The regular members had averaged 21.5 previous Forum meetings.

It was interesting, for example, to note that the attitudes of members of the two groups toward religion differed sharply, which may possibly indicate the direction of the Forum's effect. Sixty-three per cent of the regular Forum members consider themselves "very interested" in religion, compared with 35% of those attending for the first time. On the other hand, less than 20% of the regular members expressed belief in "a power greater than yourself," but 46% of those attending expressed such a belief. It seems possible that Forum attendance has provided the inmates with stronger feelings about their own abilities to manipulate the environment, and that these feelings are wrapped in a broadly religious framework.

Both groups give essentially the same reasons for their fellow-inmates' failure to attend Forum meetings. In order, these reasons are: (1) they don't know enough about the program; (2) they don't think they have any problem, and (3) they are fearful of being regarded as deviant by the prison population, "as sissies, dings . . ."

Some attempt is made to familiarize the new inmates with the Forum through a weekly one-hour discussion period held for persons in the orientation unit. During each of the last three of the four weeks that the new prisoner spends in orientation there is one such Forum program, run by members of the Forum's steering committee, with the help of the social education instructor.

It is believed, however, that the inmate often confuses the therapeutic potentialities of the Forum with its function during the orientation period as an information, question-and-answer group. It may be that at least one compulsory Forum attendance for those in orientation status would implant the basic function of the group deeply into the

inmates' minds, where it could germinate and bear fruit during their subsequent prison stay.

It is not unexpected that members of both groups tend to rationalize their criminal behavior as "the desire to get ahead quickly." More than half of the offenders had been sentenced for the transportation of stolen vehicles across state lines; their incarceration, in other words, resulted from the illegal use of a major American success symbol, a symbol they were not capable of obtaining by accepted or tolerated rules. The other major reason expressed by the inmates for their current situation is the "bad influence of friends."

While both explanations are obviously far short of valid and complete insight, it is significant that the Forum program attempts to operate against these two items in particular. The inmate is made a member of a group with socially acceptable standards, a group that attempts to provide a pattern of adjustment between legitimate social aims and permissible social actions.

Unlike the situation in the ordinary correctional therapy group, new attitudes and motives are reinforced, not instigated, as the reformee becomes the reformer.³ The inmates become dependent on the group and depended upon. The Forum program does not attempt a complete reorganization of personality, but merely a reversal of personality roles.⁴ The inmate is confronted with an ethos that is workable, accepted and supported by *his* group, which he is called upon to prove in his own life, and in which he must instruct others.

Two follow-up studies have been made in an attempt to determine the utility of the Forum Anonymous program at El Reno.⁵ The first showed that of 196 inmates who had attended an average of 16 Forum sessions, only 30, or 15.2%, had become recidivist. This is in contrast with the 61.1% recidivism rate among prisoners committed to Federal prisons and correctional institutions during 1948-1953.⁶

A parallel study was undertaken to determine variations in institutional adjustment between 159 Forum participants and 159 inmates who entered the Reformatory at approximately the same time but did not participate in the Forum. Forum participants showed a 30% better record in regard to disciplinary reports and a correspondingly better adjustment to other phases of institutional life.

While both of these studies indicate the possibility that the Forum program has considerable value, they fail, by any scientific standards, really to prove any point. By the very reason of the volun-

tary nature of the Forum program, the studies cannot take account of the likelihood that persons who became Forum members were better adjusted at the moment they decided to join the program, and might very conceivably have shown precisely the same institutional and post-institutional record without the mediating influence of Forum Anonymous. Yet the studies do indicate the possibility of attaching considerable value to participation.

By and large, it appears that the Forum Anonymous group at the El Reno Reformatory is an effective social-therapy program. Its effectiveness could be increased, it is believed, in at least the following ways: (1) introducing every inmate to at least one well-organized Forum discussion while he is in orientation; (2) creating some type of training program for the inmate steering committee leaders; (3) having small discussion groups, possibly built around the informal groupings of the prison community, for at least part of the Forum meetings;⁷ and (4) increasing the frequency of the meetings and holding them at more convenient times.

On the other hand, because of its emphasis on the group theory of criminality and rehabilitation, not neglecting the value of individual therapy, the Forum Anonymous program appears to be very adaptable to any correctional situation. It is feasible in a medium-security reformatory such as El Reno and in minimum-security camps such as that described by Clarke, in which "everyone in the camp organization plays a therapeutic role whether recognized or not."⁸ It is the type of group therapy that can conceivably be extended over into every phase of institutional life, becoming in the end hardly recognizable as a therapy measure.

FOOTNOTES

1 Lloyd W. McCorkle, The Present State of Group Therapy in United States Correctional Institutions, *International Journal of Group Psychotherapy*, 3 (January 1953), p. 79ff.

2 Lloyd W. McCorkle, Group Therapy in the Treatment of Offenders, *Federal Probation*, 16 (December 1952), p. 23.

3 Donald R. Cressey, Contradictory Theories in Correctional Group Therapy Programs, *Federal Probation*, 18 (June 1954), p. 25.

4 Freed Bales, Types of Social Structure as Factors in "Cures" for Alcoholic Addition, *Applied Anthropology*, 1 (April-June 1942), p. 12.

5 Unpublished studies by Frank E. Evans, Educational Assistant (Social Education), Federal Reformatory, El Reno, Okla.

6 *Federal Prisons*, 1953. Leavenworth, Kan.: United States Penitentiary, 1954, p. 59.

7 Lloyd E. Ohlin, *Sociology and the Field of Corrections*. New York: Russell Sage Foundation, 1956, p. 36.

8 Erik Kent Clarke, "Group Therapy in Rehabilitation," *Federal Probation*, 16 (December 1952), p. 32.

GROUP PSYCHOTHERAPY

IN A POST STOCKADE

Bernard H. Shulman, M.D.

Psychiatric Institute, Municipal Court of Chicago

THE post stockade at Fort Belvoir, Virginia, is an installation used for short-term confinement. Those sentenced to more than a year of confinement were transferred to disciplinary barracks, consequently at Fort Belvoir prisoners tended to fall into several well-defined groups, such as AWOLs, petty larceny, disobedience and chronic alcoholism (with behavior that violated military regulations). All the prisoners were enlisted men. All had been tried and convicted by summary or petty court martial.

CRITERIA FOR CHOICE OF PATIENTS

The confinement officer at the post stockade showed interest in the use of psychiatric techniques for rehabilitation of offenders. At his desire and with his cooperation, I suggested group psychotherapy as a feasible and easily workable program of rehabilitation. At my suggestion the following selection method was used.

All incoming prisoners were interviewed by a psychology technician attached to my staff, who was experienced in interviewing and testing. All prisoners were given brief tests, en masse, and then seen singly for five to ten minutes. The purpose was: (1) To gain an over-all view of the prisoners' mental health and motivation for change; (2) to decide which ones could benefit most from a group approach.

The confinement officer, at my insistence, had the final choice as to which men would enter the program. Thus he became an integral

part of the undertaking. All the patients were post-conviction and sentenced to not less than three months; some were slated for undesirable discharge with the added provision that the undesirable discharge or BCD would be revoked if the confinement officer so recommended.

PHYSICAL FACILITIES

NO suitable building was available, so one corner of the large mess hall was used. Since soldiers were working at the other end of the hall, this at first posed the problem, especially in reference to noise, until the group members themselves became interested enough to request or threaten the working prisoners to be silent. The meetings took place once a week for an hour and a half in the afternoon. All participants were excused from their prison duties at this time. An afternoon was chosen that did not conflict with any of the prison programs. No other prisoners and no guards were permitted at the meeting. Participants came voluntarily, and were informed that attendance at the meetings would not influence the prison authorities favorably or unfavorably and that the confinement officer, prison review board and clemency board would continue to judge them by criteria formerly used, such as willingness to work, ability to accept discipline, sincerity of repentance etc.

THERAPEUTIC SETTING

CANDIDATES were told that an opportunity was available for them to enter the program; they were informed of its voluntary nature and were told: "This is a chance for you to find out why you have got into trouble and to learn how to avoid it in the future. It will also give you a chance to find out more about yourself and a chance to talk to a psychiatrist. Whatever you say in the group is confidential. The confinement officer and the guards won't know about it. This may be hard for you to believe, but it's true. We plan to trust you and we hope that you'll trust us. You can try it and if you don't like it you don't have to continue. You'll be excused from other duties to attend. You'll have to make up your own mind about it."

Rumors about the program spread through the stockade, among guards and prisoners. Guards took a superior critical attitude; prisoners were condescending, afraid they would be considered "crazy" or wanted

Group Psychotherapy in a Post Stockade

to see if they could get some external advantage, such as parole or discharge from the Army. As the program continued, participants gradually carried back the story that the program offered only help in understanding of self and other humans. This resulted in a situation we hoped for. Those prisoners who were concerned with personal problems, and were motivated to examine themselves critically, began to request admission to the program.

PARTICIPANTS

THE size of the group varied from four to eight patients. Average number of meetings attended was ten to twelve. Most common cause of termination of attendance was discharge; either to duty, parole status or from the Army. Follow-up service was offered and utilized at the offices of the Post Mental Hygiene Consultation Service. Many requested individual psychiatric interviews and these were granted. Total duration of program was six months. It was terminated because of lack of trained personnel.

Therapists were the author (a psychiatrist), a psychologist and the psychology technician who had interviewed the prisoners on admission. At least two of the three were always present. Formalities of military courtesy were not allowed during the meeting. The author remarked: "When I take off my hat here, I am taking off my bars. Forget, if you can, that I am an officer; remember that I am a doctor." Therapists showed by their actions and emotional responses, as well as by verbal reassurance, that the subject matter was confidential and that no punishment would follow expression of hostility against the Army. Of the participants, none were psychotic, some had strong psychoneurotic tendencies, chiefly manifested by their emotional instability. None, however, carried a psychiatric diagnosis of neurosis. Most were passive aggressive, some alcoholic. All in our group had a history of unstable family situation in childhood. All were in their late teens, early twenties or thirties. One had been in service fifteen years, the others two years or less. One-third were slated for undesirable discharges. Convictions were for AWOL, drunk on duty, disobeying an order and petty larceny. All had some feature that influenced the confinement officer to choose them for the program, such as a previous good record, good education or a strongly expressed desire for help. Intellectual range was high normal to low normal.

PROCESS

THERAPY techniques used were those falling within the Adlerian frame of reference. These included: (1) understanding the patient in his social setting, (2) understanding the private goals toward which he was tending, (3) interpreting to the patient the social purpose of his behavior in terms meaningful to the group, (4) treating the patient like a human being with a problem, (5) encouraging him to recognize the existence of the problem, (6) creating cohesiveness in the group by discussion, interaction, interpreting interaction, (7) clarification, and (8) stressing the idea that people get into trouble because they have become discouraged about their ability to function and achieve their goals in socially useful ways.

Favorite topics were sex and the unfairness of life in the Army, and particularly in the stockade. Actually the topic was not so important, because meaningful interpretations are possible about all topics. Patients were encouraged to understand the meaning of their own and others' behavior. The usual problems of sub-group formation, marginal groups and lack of group feeling, in certain patients, arose and were dealt with. Those prisoners who tried to assume a superior attitude toward the group were vehemently rejected by the group. The new man who asked, "What do I get out of this?" was condescendingly "told off" with the statement, "I think it's done a lot for me; you just wait and see." All participants felt that they had gained more knowledge of themselves and others than they had before. Indeed, they soon began to talk about the psychological problems that the guards seemed to have and shared techniques to avoid trouble with guards. They discussed daily prison occurrences and began to express appreciation for some of the positive things in the stockade, whereas previously they had focused only on what was wrong and unfair. Few prisoners denied their offenses, because none of the crimes were heinous. Those who at first denied, soon admitted. The atmosphere of the group was always one that encouraged admission of faults, independent initiative and acceptance of certain realities in life, but discouraged self-abnegation, excessive avowals of repentance and feelings of guilt; according to the concept, "it's what you're going to do, not what you feel, that really counts." The amount of interest shown by participants was gratifying. Many felt it was the first time they had been treated like adult humans and responded with respect to respect;

Group Psychotherapy in a Post Stockade

as their self-esteem grew, they could esteem others more highly. Attempts to exploit others (what some call "dependency needs") were always interpreted as attempts to exploit. There was quick interest by the group in the problems of any one participant. The group cohesiveness carried over to other stockade situations and these prisoners felt quite superior to those who did not have the advantage of a psychiatric education.

RESULTS

IN such a short-term project the results are not easy to evaluate. The following criteria were used to measure improvement: (1) The therapists' opinion regarding significant change in the patient's behavior, (2) the confinement officer's opinion regarding improved behavior, (3) the opinion of the C.O. of the unit to which the patient was sent after discharge. Since some patients were discharged from the Army or transferred off the post, criterion (3) was not always available.

As already indicated, therapists felt patients changed in the direction of gaining insight into the meaning of their own behavior, being able to develop new techniques for relating to authority and peers and generally developing increased social conformity resulting from the decrease in their feelings that everyone was unfair to them. Hostility and bitterness were partially replaced by social outgoing and optimism. Increased self-respect was gained, followed by respect for others. Not all changed their antisocial behavior and none of the alcoholics ceased to have a problem with alcohol. Cases receiving the most benefit were those confined for larceny and AWOL.

The participants who were returned to duty on the post were sharply divided into two groups. The first consisted of those who had no more trouble (although they may have been angered and upset, they did not use an antisocial reaction pattern; or they learned to be smarter in their antisocial behavior so that they were not caught). The other group consisted of men who retained the original behavior pattern and again came into the stockade or received undesirable discharges. Consequently, criteria (3) for improvement was the one most commonly not met.

• • •

Many early acts of delinquency by boys and girls are like cries for help.
—*Marion B. Folsom, Secretary of Health, Education and Welfare*

REHABILITATION: A Psychiatrist's View of the Correctional Institution Program

James E. McGinnis, M.D.

Chief Psychiatrist, Los Angeles County Hospital

THE views expressed in this paper reflect the writer's experience over the past decade as a part-time consultant in psychiatry to three California state correctional institutions, the California Institution for Men, the California Institution for Women and the Deuel Vocational Institution.

The two first-named institutions served adult men and adult women, respectively, convicted of felony offenses, while the latter facility is a Youth Authority Institution caring for adolescent and young adult males. Each institution is rehabilitation-oriented, with an emphasis on vocational training, formal education, medical and psychiatric service to a varying degree, and various rehabilitative group activities.

Experience related to the problem of rehabilitation, but not directly connected with the institutional program, has come with the opportunity to examine delinquent individuals, whose offenses have been of a variety of types, prior to the time of court appearance for trial or for sentence. In these cases examination has been requested by the court with the objective of obtaining a better understanding of the defendant's mental status and personality structure, in relation to the commission of the offense or in relation to the estimated ability of the defendant to succeed on probation. In other instances psychiatric examination is requested by the court because the defendant has entered a plea of not guilty by reason of insanity, or because of special circumstances as the filing of a petition alleging sexual psychopathy.

Finally, this experience includes participation over a period of years in the clinical and administrative functions of a large Psychiatric Service at the Los Angeles County Hospital.

Rehabilitation: Review of Institutional Program

The common denominator in these different areas is the patient—a man, woman or youth who is to a greater or lesser degree emotionally disordered. The psychiatric hospitals receive, for the most part, patients with particular types of emotional disorders, the symptoms of which usually are not manifest by antisocial behavior. The function of the psychiatric hospital is primarily that of treatment, with protection of the public, and of the patient himself, through hospitalization, as a secondary purpose.

This concept of psychiatric hospital function is one that is well-established in public opinion. Public opinion probably does not, however, extend the same view to the correctional institution. The public, in the past, probably largely thought of the mental hospital as a facility to which the mentally-ill individual was admitted, there then to remain, but the public in this present day probably has come to recognize, in some degree, that mental illness is treatable and often curable, like physical illness. There is thus emerging a new view of the mental hospital as a treatment center and as a place for temporary, rather than permanent, care and residence.

In the public view, however, the delinquent individual may not primarily be identified as a person who needs treatment, or who is treatable, and the correctional institution is probably considered to be much more of a custodial facility than a treatment center. Rehabilitation has no doubt long been regarded as a secondary effect of correctional institution placement, but as an effect accomplished by the negative factor of the ex-inmate's desire to avoid future punishment for delinquent behavior, rather than through the positive factor of achievement of a delinquency-free life as a result of a total learning and training experience.

The majority of individuals admitted to correctional institutions are destined, after varying periods of time, again to be released to attempt once more to find a place in extra-institutional society. For most of these individuals, the correctional institution experience may be expected profoundly to influence the course they will follow in future years. The stay in the correctional institution may be of major therapeutic value, or it may be as well an experience that not only does not aid the inmate, but actually more firmly establishes attitudes that can only bring him to new delinquent behavior.

The effectiveness of the inmate's experience in the rehabilitation-oriented correctional institution may be said to be based on three major

factors: (1) The total program, including both intramural treatment and training, and an extension of these services in the extramural parole program, (2) correctional institution staff orientation and (3) consideration of the inmate as an individual human being.

I THE TOTAL PROGRAM

THE institutional program ideally begins with a complete diagnostic study. Such a study includes both physical and psychiatric examination. The latter study represents an effort to obtain an understanding of the offender as a functioning individual, with particular attention to the etiological factors in his delinquency. It is important to know of the offender's early family relationships and of his total family history, with information about the social achievements of his relatives, the incidence of mental illness or other delinquency in his family, and to know of his marital history. His success or failure, in the institutional program and after his release, may in some degree depend upon the presence and quality of relatives still interested in him, and insight into the occurrence of his delinquency often will be illuminated by consideration of his family relationships.

The past medical history, and the developmental history, including attention to experience in formal education, occupational history and religious, sexual, recreational and military service histories, are important in developing concepts concerning his past failure, as represented by the delinquent behavior, and in planning the program of rehabilitation. This psychiatric study may be completed by the psychiatrist himself, or may instead be the responsibility of several individuals of different fields of professional training, as the sociologist, the vocational counselor, the chaplain and the psychologist, working under the direction of the psychiatrist. The completion of psychological studies, including a formal evaluation of the level of intelligence, is important, as is the recognition through the physical examination of any physical illness or defect, the presence of which actually may, in some cases, contribute to the creation of the delinquent behavior.

The diagnostic study thereafter is used as the basis for formulation of the inmate's rehabilitation program. Planning for parole, to a degree, should begin early in the inmate's institutional course, even though the actual date of his eventual parole may be in part determined by his institutional performance, and unknown during his first

period of care. Likewise, the inmate may be far too emotionally disturbed at his involvement in delinquency, at the traumatic experiences encountered during his trial, and at his eventual correctional institution placement, to be able constructively to view his future or to give the needed degree of participation in rehabilitation planning. This development, however, does not occur unexpectedly, and allowance may be made for it while retaining the long-term program objectives.

If this is done, the inmate's occupational assignment during the course of his institutional stay will be ideally made in terms of his planned future life on parole, and not entirely at random. Trade or craft training may appear, for a certain inmate, to have the potentials of giving a greater assurance of occupational stability, wage-earning capacity and the development of feelings of self-respect, all factors perhaps for this particular inmate considered to act as deterrents to future delinquency.

A greater degree of formal education may represent an important unfilled need of the inmate, who may therefore be assigned part-time to a school program. Alcohol may have provided a serious problem in another inmate's life, and participation in an Alcoholic Anonymous program, or in a group psychotherapy series, may be considered to be constructive elements in the total plan. Yet another inmate's emotional disorder may be of a type viewed as having a good prognosis for remission with the limited individual or group psychotherapy that the Correctional Institution may be provided, and the inmate hence may be offered these aids.

Placement in the correctional institution may result in a new or renewed motivation toward religion, and the inmate who is so motivated may find his way toward new personality strength through participation in religious services and through taking part in other activities of the chaplain's program. Physical education, participation in public speaking activities, and group or individual hobby work, all are other activities of therapeutic importance.

PERHAPS more correctional institutions possess the various facilities enumerated than attempt to combine these in a planned and individually-oriented program for each inmate. While it is to be granted that correctional institution staffing may often be inadequate, just as the staffing of public mental hospitals may be inadequate, it nevertheless would appear that an effort at the introduction of planning, utiliz-

ing what staff is available, might still see results far in excess of the planning time expended. Those parts of the rehabilitation program that might fill an acute and urgent need for one inmate may represent types of treatment or training not at all in accordance with the needs of another inmate. If early planning, based on a complete diagnostic study, is not an inherent part of the program, the inmate may be assigned considerably at institutional need to a variety of different activities, none of which may represent much that is of lasting value to him in his future life, and the inmate may then come up to his parole date with several years of institutional experience behind him, and yet be little better equipped to meet the world in which he once experienced failure than he was at the time of his admission.

When this latter order prevails, the inmate, although often fundamentally anxious about his future ability to succeed, nevertheless is impelled by an urgent desire for his freedom, and so he goes out, placed at whatever living situation and job is most readily available, and considerably ready to fail once again.

An important part of the optimum program, beginning with the complete diagnostic study and then extended through the institutional experience pointed toward specific goals in the parole period, lies in an extension of some part of the training and treatment experience to the time when the inmate is on parole. Here, again, the need of various inmates will differ. The prospect for a successful return to society, however, will be much greater if the inmate on parole is not a "forgotten man," suddenly without the support of all of the constructive contacts he has had during his correctional institution experience, and limited to occasional contact with a parole officer whose caseload is such that he is able to give only a brief scrutiny of the ex-inmate's performance, oriented in the general direction of returning the ex-inmate to the institution if flaws in the performance are detected.

Optimally, the parole officer meets his future charge while the inmate is at the institution, becomes acquainted with the inmate and has the time to learn something of his assets and liabilities. Optimally, the parole officer acts to some degree as a counselor for the ex-inmate when the individual is on parole. Optimally again, the parole officer has an outpatient psychiatric clinic to which to refer the ex-inmate in the event that this man requires more psychiatrically-oriented counseling than the parole officer is able to provide. This clinic optimally is a

Rehabilitation: Review of Institutional Program

special clinic, organized with the purpose of providing treatment for individuals on parole who constitute something of a special group, facing problems not entirely understood by the staff of a general psychiatric outpatient clinic serving primarily individuals who have not been delinquent. In the State of California, such clinics have functioned with success.

II STAFF ORIENTATION

ALTHOUGH the correctional institution may not be universally recognized as a treatment center, it must be acknowledged that in reality it does hold this place, and that everything that happens to the inmate during the course of his correctional institution stay is to be considered in a broad sense as "treatment" just as everything that happens to a patient placed in a mental hospital is similarly to be regarded as "treatment."

The importance of the "therapeutic environment" in a mental hospital is gaining increasing acceptance. In the mental hospital, the psychiatrist is recognized as being the captain of the treatment team, and it is the psychiatrist who prescribes the specific therapy the patient receives, whether this consists of psychotherapy, tranquilizing drugs, or electroshock, among others. However, the time the psychiatrist spends with the individual patient, even under the most favorable staffing circumstances, is very small compared with the time in which the patient is in relationship with other members of the psychiatric team, including particularly the members of the nursing staff including the psychiatric technicians, and the influence of these individuals goes very far in affecting the patient's course toward recovery. The psychiatrist usually gets most of the credit when the hospitalized mental patient recovers, but he well knows that the therapeutic environment provided by the other members of the psychiatric team merits much recognition.

The same statement is applicable to the correctional institution where staff members may be oriented primarily in terms of law enforcement or custody, or primarily in terms of therapy and rehabilitation. In most correctional institutions it may be that members of the former group are far greater in number than members of the latter group, with, on occasion, little appreciation of the philosophy of either group existing about members of the other group, and with resultant friction.

Custodial security and an adequate degree of firmness in management of the inmate population are essentials in the correctional institution setting, but these requirements do not preclude the employment of a therapeutic attitude by the custodial officers toward the inmate, based on the recognition of the inmate as another human being who indeed has erred, but who is, during the time of his correctional institutional stay, in the course of a program of rehabilitation.

Delinquent individuals often are individuals who have major problems centering on figures of authority, and the rigid, dogmatic, insensitive and even cruel correctional officer can do much to negate the effects of the rehabilitation program. This is a matter that calls for the screening of correctional institution officers at the time of employment, and for a continuing program of in-service training. Traditionally the inmate and the custodial officer are members of two different worlds, perpetually at war, but this identification is not so completely extended to such staff members as the chaplain and the psychiatrist, and is not absolutely unalterable, in my opinion, if the therapeutic function of the correctional institution is recognized by all of its staff members.

Treatment, in particularly the correctional institution setting, in part lies in the ability of those persons entrusted with the direction of the individual, that is, primarily the correctional officers and the instructors, to win respect from the inmate, with this respect being followed by the desire of the inmate to emulate the performance of the respected persons. The correctional officer therefore becomes, ideally, a person whose character the inmate would wish to have as his own, and in the degree that this character is an admirable and noble one so may the correctional officer's influence on the inmate be constructive.

III CONSIDERATION OF THE INMATE AS AN INDIVIDUAL HUMAN BEING

THE importance of consideration of the inmate as an individual human being has been touched upon in the preceding paragraphs. The necessity to manage large inmate populations with relatively small numbers of staff and the necessity to maintain intra-institutional services may, among other factors, cause the creation of a factory-like organization, where inmates are identified primarily as individuals with a number, to be fitted into the total operation as institutional necessity

Rehabilitation: Review of Institutional Program

indicates, and with little or no attention to individual inmate needs. Although the facts of life at present in many institutions may require this sort of organization, it yet cannot be said that this represents effective treatment. Under these conditions the inmate may experience improvement, and may succeed after he leaves the institution, but these results are attained primarily because of strength that the inmate finds in himself despite the institutional program, and not because of it.

The writer entertains no rose-colored-glasses view that every delinquent individual can be rehabilitated, and that the provision of even an ideal institutional program will see each inmate who is paroled go on to a non-delinquent future life. The introduction of individual diagnostic study and of individual consideration of each inmate as a functioning human being, however, certainly must be expected to give each inmate his best opportunity to benefit from correctional institution care. This type of program may also be expected increasingly clearly to reveal the inmate whose total liabilities are such that he is not expected to succeed on parole, and may be expected to aid in the creation of an optimal institutional life for those inmates whose degree of delinquency has made them ineligible for parole, or has placed them in the institutional setting for a definite time of many years. Individual consideration of the inmate introduces to some degree the concept of the Golden Rule, and there is scarcely an inmate, however fixed in patterns of delinquency he may be, who will not show better institutional performance as he recognizes that his management is in these terms.

In conclusion, it may be said that the correctional institution most effectively serves as a rehabilitation center in the degree that it is able to offer a program oriented directly in terms of rehabilitative training and treatment, provided by a staff therapeutically-minded, and considering the inmate as an individual profiting from an individually-planned program.

To some these observations may reflect an opinion that is essentially unremarkable, and to others a view that is perhaps to be deemed theoretical and impractical. They are offered here as the opinion of but one man who, after some experience, still views the offender, whatever his deficiencies, as a human being, and as such the most important entity in our world.

• • •

PROBLEM FAMILIES IN GREAT BRITAIN

Doris M. Odium, M.A., M.R.C.S., L.R.C.P., D.P.M.

President, European League for Mental Hygiene

PROBLEM families may be defined as those whose lives are characterized by dirt, disorder and disintegration, the children frequently neglected and often delinquent, finances mismanaged and the family apparently quite unable or unwilling to make any attempt to better their own standard or even to make use of the social services available.

Living conditions are squalid, dirty and untidy, hardly above animal level. There is lack of furniture, household equipment and any sort of comfort. Their feeding habits are chaotic: no planned meals, no cooking utensils. The family usually subsists on a diet of bread, margarine, jam, cheap cake, potato chips and tea and this is taken at irregular intervals, standing up. There is no attempt at hygiene and their living rooms are generally in an extremely insanitary condition.

Although good money may be coming into the home, it is frittered away and often wasted on drink and gambling. There is no attempt at budgeting or forethought but everything is spent as it is earned; in the large majority of cases, the family is in debt. The parents are usually of low morale, one or both in many cases mentally defective or emotionally unstable or just not able to cope with the demands of family life, especially in a city. Physical illness of either parent may be a contributing cause and is especially unfavorable when the mother is ailing over a long period.

The husband is usually an irresponsible, self-indulgent, selfish type who makes no attempt to help the mother or to take any part in the work of the home or the bringing up of the children. In many cases the man is in and out of work, takes no trouble to keep his job and frequently fails to bring regular money home. He may also

drink or gamble. Quite often he goes off and deserts the family for long periods and in a number of cases he is a petty criminal and serves repeated prison sentences. There is usually no attempt to limit the size of the family and the number of children in problem families tends to range from four upward. Frequently the parents quarrel violently and make no effort to help each other or to consider the welfare of their children.

The children themselves are usually neglected, verminous, ill-clad and ill-fed. They are frequently absent from school, sometimes because the mother keeps the older ones at home to look after the little ones, often because they themselves do not want to attend and there is no parental discipline to make them do so. A high proportion, especially of the boys, are delinquent and many of them come before the courts.

IT is characteristic of problem families that they will not avail themselves of the help offered by any social agency and often do not even take the trouble to obtain the benefits available through the welfare state. For example, they do not trouble to sign on with a doctor from whom they can obtain free medical treatment, do not bother to draw their allowance of cheap milk, do not even go to the post office to collect the money allowances for their children.

Established problem families fall into three broad categories:

- (i) A few that will recover if some of the external stresses, many of which they have themselves produced, are removed. For example, debts, bad housing conditions, prolonged illness, the mother overwhelmed by an accumulation of troubles.
- (ii) Those in which the personal relationships between members of the family are fairly good and the moral climate is tolerably satisfactory. Such families have a good chance of surviving as integrated units if propped up and helped over a long period.
- (iii) Those in which both parents fail so completely and whose antagonisms are so violent that the family must be broken up in the best interests of the children.

It is obvious that no country can afford its problem families, for sooner or later their way of living becomes a menace to the social health

of the community in which they live. Moreover, unless the children are rescued it is inevitable that the evil pattern will be repeated in their children's lives and passed on from generation to generation.

The causes of the development of the problem family are multiple and the predominating factors differ from case to case. The most unfavorable are those that lie within the personalities and mental capacity of the parents themselves, and such cases are the despair of all those who try to deal with them. The rehabilitation of a problem family is at best a long and demanding process and in the British Isles there is a serious lack of trained workers with the right kind of personality to undertake this most exacting form of social service. Rather naturally, workers prefer some branch of social service that is more likely to be creative and profitable and runs less risk of ending in frustration and disappointment.

Only too often the problem families not only fail to help themselves in any way, but even when help is available are suspicious and resistant and even go to considerable lengths to avoid being helped.

During the last 30 years we have been trying to see the problem as a whole and to deal with the family as a unit. Serious attempts have been made to investigate the causes that lead to the deterioration that produces problem families and much experience has been gained as to the methods that are likely to be most successful in dealing with them.

It has been proved beyond question that merely punitive measures have no favorable effect and indeed only tend to make the situation worse for everyone concerned. The removal of the families piecemeal into institutions has also proved to be a complete failure. They very seldom come together again, and we now fully realize that institutional life, far from developing the right type of personality and strengthening character, has in many cases the opposite effect. It frequently results in increased irresponsibility and apathy or even produces greater tendencies to antisocial behavior, especially in children and adolescents.

THE one integrating force where it exists, and in a surprising number of cases it does exist to some extent, is affection between the parents and children and even between the parents for one another.

Neglect in problem families is more often due to irresponsibility and incapacity to cope with life than to hostility or any desire to be cruel to the children. It is of vital importance therefore to take every

possible advantage of this factor of affection whenever it exists and to keep the family as much as possible together so that it may be built up to the maximum.

We have also now come to the conclusion that assistance to problem families needs to be personal rather than material. It is of no use to give them money or food or clothing, or even to improve their living conditions or pay their debts, as they quickly drift back into their old ways unless this is associated with intensive personal treatment by a social worker who can develop a real friendship and obtain the confidence and trust of both the parents and of the children. Sentimentality is of course entirely wrong. The social worker must always retain her position as the leader and guide, but he or she must above all avoid adopting an attitude of censoriousness or criticism and must be unfailingly patient and kindly whatever the provocation or frustration that has to be met.

One of the methods of rehabilitative treatment that is proving most successful is the system adopted by a voluntary organization known as family service units. The method of the workers is to go into the individual home in the capacity of friends and helpers and do intensive work, day in and day out, sometimes for many months, working alongside the mother, showing her how to run a home, advising her how to spend her money wisely, guiding her in habit-training the children and doing their best to get the husband and wife to pull together and develop their self-respect and desire to rehabilitate themselves.

As will be readily appreciated, this is no easy task and requires almost superhuman qualities on the part of those who work in such units. For this reason there are all too few people able or willing to undertake such an exacting job. Nevertheless, since its inception little over six years ago ten units have already been established up and down the country at Manchester, Liverpool, Sheffield, York, Bradford, Birmingham, Leicester, Bristol and London (two units, Kensington and Paddington and Islington) and more are being projected. In most units the workers are resident in a unit hostel, which forms the center for the work of the unit to which families can come at any time with their problems and where the families can at times be entertained socially as in the workers' homes. The results already obtained more than justify the very small cost of the experiment up to date. One-fifth of their cases show a very high level of improvement; one-fifth complete failure; the other three-fifths varying degrees of benefit. But it

must be remembered that these units take on cases that have defeated every other social agency and have been regarded as hopeless.

At the annual meeting of the Kensington and Paddington Family Service Unit in 1956 it was stated that in 1951-52 the secretary and one male and two female case workers made 3,625 visits to problem families. Of the 29 families dealt with 16 had been satisfactorily re-abled. The total expenditure of the unit had been only about £1,600. This alone showed the economic value to the community of the work of the unit. By contrast, a single family consisting of a mother and eight children, evicted from its home in 1951 and admitted to an institution, had stayed there for nearly eighteen months with a probable cost to the authority of at least £1,500.

A FIELD worker in the family service units describes the work of the units and the type of family that they deal with in the following terms:¹

The units work on families whose lives are characterized by dirt, disorder and disintegration; the children neglected; finances mismanaged and the family apparently quite unable to take advantage of the normal social services to better their own standards.

Acceptance of cases, therefore, is based on the symptoms the families display. The reasons for these symptoms are varied and complex and are usually produced by the interaction of personal and social factors. On the one hand are the basic personal weaknesses, neurotic disorders, low mentality, ignorance and the cultural background of the parents; on the other, bad health, too many children, bad housing, poverty, etc.

The families are referred to the units by other social workers who find that all their efforts to help are frustrated by the general disintegration within the family—the health visitor finds that the mother will never come to the clinic, never keeps to arrangements made with her and seems quite incapable of following her advice; the school welfare officer can't get the mother to send the children regularly to school because they have no clothes or are needed at home to mind the numerous toddlers under school age, and on the rare occasions when they do attend, they come dirty and late. The housing department is concerned because there are continually large rent arrears; the child-guidance clinic finds that a child is seriously maladjusted but is unable to help as they cannot get the parents to cooperate or even bring the child regularly, and so on.

These symptoms are usually the product of a family situation which has been deteriorating for a long time. It may start with a father who is maladjusted, works rarely and has never accepted the responsibilities of parenthood, married to a woman, rather immature and emotionally de-

pendent on him. Each is unable to give the other the support they need. As difficulties grow with the annual growth of the family, lacking support from the husband, the mother fails to cope with the situation. Conditions in the home and the care of the children deteriorate. The father, discontented with his wife's failures, becomes critical of her and works less. The mother, disheartened by her husband's criticism and faced with a precarious income, becomes even less able to cope. Feeding gets bad, the mother especially neglecting herself. Poor health resulting from poor feeding and excessive childbearing are added to the mother's burden. The disapproval of society begins to make itself felt. There is trouble with the neighbors, who resent the dirty condition of the family's home and the lack of discipline of the children; bad school attendance leads to prosecution; the gas and electricity are cut off as bills have not been paid, so that only candles supply the light at night and all cooking has to be done on the kitchen fire; rent arrears have been growing and eviction is threatened. Everyone seems against them — the situation is hopeless. There is complete apathy. Unless intensive help is given to the family as a whole, eviction or prosecution for neglect must inevitably follow, with the resultant disintegration of the family.

This deterioration in the families has usually proceeded some way before they are referred to the units. The initiative comes from the unit — the caseworker approaches the family — the family does not apply for help. The approach is one of friendship and the offer to help in a difficult situation. Initial suspicions have to be overcome and a relationship built up between the worker and the family. The relationship must be such that the family feel that the worker is genuinely concerned about them as individuals — not as cases — so that they receive encouragement from this concern when most of society appears against them; it must be sympathetic, so that they can talk freely of their difficulties without fear of censure; it must be patient, when faced with abuse and hostility and the family must never feel that they have been rejected for their failings; it must not be sentimental, steering a course between overidentification with the family and the condemnatory attitude of society. By the security and encouragement which this relationship offers, the family must be helped to the position where they can see a solution to their problems and can themselves choose the course which will lead to that solution.

Treatment takes two forms; personal and social. All the problems of the family in society must be tackled. Health may be bad and this must be investigated and necessary treatment secured. Often this has been offered already but the family have failed to cooperate — maybe the mother has been criticized on some visit to the doctor and timidity has led to the "forgetting" of appointments. Much time is spent accompanying parents or taking children to doctors, hospitals and clinics and a close check is made to see that the family cooperate in their treatment.

If conditions in the home are bad, practical assistance with cleaning, washing, decorating, etc. may be given with the aim either of education

or encouragement. If there is an acute shortage of essential equipment for the home, charities are approached for grants of money, the spending of which is supervised by unit workers. Where there are debts, arrangements are made with creditors for the family to pay them off at so much a week at a rate they can afford and, where necessary, the money is collected from the family at a time when it is known that they will have it. At the same time, budgeting is carried out to try to insure wiser spending.

The care of the children is supervised and efforts made to mitigate the effects of the unsatisfactory home conditions on their physical and emotional development. In addition, ancillary activities are organized for them: holidays and outings in the summer, Christmas activities in the winter.

A close contact is maintained with all other agencies dealing with the family to try to insure that a coordinated policy is followed by all workers. It is the units' policy to limit case loads to an average of 15 families per worker so that workers can, if need be, spend very considerable periods of time on one family. This enables them to cooperate with such workers as the health visitor (e.g. in seeing that clinic appointments are kept, accompanying the family where necessary) in helping the family to make use of their services.

Parallel with the treatment of the family's problems in society must go the treatment of the individuals in the family, as difficulties will continually recur unless they are helped to adjust themselves to meet the demands of life. Caseworkers, by their attitude to the families' problems, must aim to change the attitudes which are leading them into difficulties; by sympathetic friendship they must give encouragement to fresh efforts to meet difficulties constructively, and to those with maladjusted personalities they must give the emotional security which they need if they are to be helped towards a more satisfactory adjustment.

The value of the work is now widely recognized as the need to avoid the removal of children from their home becomes increasingly accepted. The recent researches of Dr. Bowlby and others have demonstrated the harmful effect of institutional care on the mental and emotional development of children while the cost to the local authorities of children coming into their care makes a big demand on the ratepayer — one family alone can easily cost society over £3,000 a year. As a result, both for the sake of the children and as a sound economic proposition, there is an increasing demand for the establishment of units — the main limitation at the minute being the rate at which suitable workers can be found and trained.

The work is, of course, still experimental. Results are not easy to assess. The rehabilitation of a family is a slow process and complete rehabilitation may never be achieved; the preventive work with the children is valuable in nearly every case; deterioration in the families can usually be checked and disintegration averted; but a great deal of research and experiment by all branches of the social services is still necessary in the effort to find the solution to the problem which these families present.

Other Methods of Dealing with Problem Families

ANOTHER extremely valuable method of helping mothers with young children are residential mothercraft homes. Three of these have already been established, one by the Salvation Army at Plymouth known as The Mayflower, one at Marple in Cheshire called the Brentwood Recuperative Center run by a voluntary body, the Lancashire Community Council, and Spofforth Home in Yorkshire, for which the Society of Friends is largely responsible. In all these homes mothers can be received with their young children either voluntarily or because they have been convicted by the courts of neglect and are required to undertake a period of training and rehabilitation. The results obtained in these homes, although they have only so recently been started, show how valuable this method of treatment can be in carefully selected cases.

Dr. Enid Browne, a leading member of the Women's Institutes, which is an extremely valuable organization and plays a great part in the lives of women in rural communities of Great Britain, discussed the problem of mothers who were guilty of neglect of their children in an article published in *Home & Country* as long ago as August, 1952, and described the help and encouragement toward a better way of life which they received during their stay at the various training homes. She says in regard to neglectful mothers²:

Is punishment the only answer? Is punishment alone enough to safeguard the future? Is there anything that we can do to help? Is neglect always wilful? Is it not sometimes the last stage of exhaustion and frustration when responsibilities have come too fast and too heavily? These were the questions that passed through my mind.

Not all cruelty, by any means, is due to neglect; there is that other class so profoundly shocking to the public conscience, but it is a class that calls for special inquiry and treatment, and here it is with the neglectful mother only that we are concerned. Perhaps even here there is room for the message of the old French proverb, "To understand all is to forgive all."

The neglectful mother often comes from a social group that "scrapes through" without getting into court if conditions are favorable; that is to say, she carries on as long as she is subjected to no special strain. But rapid childbearing, impossible housing conditions, a casual and inconsiderate husband, or lack of robust health in either herself or her children or both, have just been too much, the camel's back has been broken, the mother has ceased to try to cope with life and the children have suffered. What can be done to help and train such a mother, to show her a better way of life and win her cooperation and acceptance of unavoidable strain?

For some long time the magistrates' courts have been conscious of the need of a more constructive method of dealing with such cases than the sentence of imprisonment, fine or supervision usually meted out to them and, as early as 1948, that pioneer of so much grand social service—the Salvation Army—equipped and opened a home for neglectful mothers at Plymouth and called it the Mayflower Home. Here are sent by the courts (with Home Office approval) suitable cases of married women convicted of neglectful cruelty and with them come their children under 5 (elder children and the husband are helped by the local authority either in homes or institutions or by some form of home-help in the mother's absence).

They are pathetic little groups on arrival, the children often quite primitive little savages, and shocking in their habits, and the mothers listless, pale and bewildered; for them three days complete rest in bed is generally prescribed. Then the training begins; the mother learns to keep house, to shop wisely, to wash and clean thoroughly, to handle and understand her children and to teach them good habits and manners. Under the restoring influence of good food, kindness and understanding, she gradually improves in health and cheerfulness and begins to take an interest in both her own and the children's appearance. This is uphill work for those responsible for the training, for, generally speaking, these mothers are hopeless as housekeepers, ignorant of all homemaking arts and incompetent in the extreme; blank despair has in many cases been the root of their trouble. The drab misery of their lives, too often the absence of any happy memories of their own childhood or hope of happiness to come, has made them indifferent to the sufferings of their own children. It must be easy to become neglectful or even perhaps cruel if you live with two delicate children in a converted chicken-house or are a family of eleven with no sanitation other than the public conveniences!

While at The Mayflower, they sleep and eat as families so that each mother has full opportunity to enjoy her children, and when at the end of four months they go home it is with a new vision of what home might be. They are then visited by the probation officers and various Salvation Army friends, and though by no means all make good, some do and cheery reports are given of happier homes and children.

At Marple, in Cheshire, is a second and rather different type of home, called Brentwood Recuperative Center, run by a voluntary body, the Lancashire Community Council—different because, while taking a proportion of convicted mothers, it seeks to help families before they slide to delinquent level. "Our work is primarily preventive", says their warden. Realizing the grave danger of apathy, Brentwood seeks to show a different way of life, simple enough to be related even to indifferent home conditions. Here mothers come with children under 7, and here is the same fine tale of improvement in outlook and morale following good feeding, rest and fresh air in an atmosphere of kind friendliness. That is its function, to give rest, encouragement and tactful instruction to women for whom life has been too hard. Meals are not taken with their children, the mothers get together

and talk. A weekly "social" shows how many such women are literally starved of social life, and with this new interest there is roused that latent self-respect and desire to make oneself "look nice." Having "enjoyed herself," the mother is more prepared to enjoy her children — or at any rate, to find them less of a burden. And when she returns to her home and its daily struggle, she returns prepared to make that struggle; Brentwood has given her a changed attitude of mind.

In Yorkshire there is the recently opened Spofforth Home, which, like Brentwood, will be run for both the convicted mother and mothers recommended by welfare workers as in need of training. The Society of Friends is largely responsible for its support and maintenance.

Yet one more venture must be noted, and that comes from the prison authorities themselves. At Holloway Prison a study was recently made of women sentenced for neglect or cruelty to their children and it was generally found that low intelligence, unhappy childhood and irresponsibility, leading to an inability to cope with life and its problems, was common to all.

The Prison Commissioners have therefore started a special training course in their Birmingham prison, where quarters have been equipped to resemble ordinary homes. Here, in an eight-week course, the mothers receive a thorough grounding in housewifery and mothercraft and this practical work by day is combined with evening talks — given by local authority instructors.

Such work as goes to the successful running of these homes is costly — and in rarer material than money — for it is the human qualities devoted to it that make it successful — devotion, understanding, untiring energy and — I suspect — a sense of humor! All who have studied the question are unanimous in stressing the deep-seated need for home life, security and affection in the life of each individual. If the vicious circle of unhappy childhood leading on to neglectful parenthood is to be broken, it can be by one craft only — homecraft; housecraft alone is not enough. We have a mandate to combat cruelty to children and each of us knows that most of all must we fight its increasing incidence. How better can we do this than by claiming and insuring happiness to every child, so that in turn as parents they look back and seek to reproduce that atmosphere of "being wanted" and "being loved" that is the hallmark of every good home and foster home; a hallmark which the training homes are helping to introduce to those mothers who, so far, have failed to recognize it.

IN ALL cases where the mother is removed to a training home, it is of course essential that she should come back to a home that has been rehabilitated in her absence. It is vitally important that the worker should keep in close and constant touch with the father, as otherwise in the absence of the mother and children he is apt to deteriorate still further or even desert. When the mother and children return, it is also vital that the social worker should remain as a guide, philosopher and

friend of the family for a prolonged period. It may be for two or three years or even longer. Otherwise the risk of relapse is very great and in that event the last case of the family may even be worse than the first.

A recent report by a joint committee of doctors and magistrates, published by the British Medical Association 1956 dealing with cruelty to and neglect of children,³ discusses at length the medical, social and legal aspects of the subject of child cruelty and neglect, which is of course very closely related to problem families. It notes that the National Association for the Prevention of Cruelty to Children deals with nearly 100,000 cases a year and points out that these represent only a fraction of the cases that occur in the community and that there are many thousands that escape detection. This is a terrible state of affairs; the more distressing because we have a multiplicity of statutory and voluntary organizations, each dealing with different aspects of family and child welfare but unfortunately showing a great lack of coordination in their activities.

The committee urged that a Royal Commission or committee of inquiry should be set up to investigate all the social services with the object of trying to obtain better coordination, particularly from the point of view of preventive work to support and strengthen the family unit. Since prevention is so much better than cure, perhaps the most valuable part of their report consists in the suggestions that they made for introducing more effective preventive measures:

(i) Education in homecraft, parentcraft and citizenship with emphasis on unity in family life and the emotional needs of the child (a) in the home, by such agencies as the family doctor, health visitor, district nurse, midwife and home help; (b) in child welfare centers, mothers' clubs and parent groups; (c) in schools by teachers, health visitors and parent-teacher associations; (d) youth clubs and adult groups; (e) press, radio and television. The need for training in father craft was also strongly stressed, but it was difficult to decide when and how this should be given. Boys of school age are not sufficiently interested, and instruction to adolescents after leaving school can be undertaken only informally through the medium of youth groups. Evening classes on the subject, arranged by local authorities for adults, unfortunately attract only conscientious parents and would-be parents, but it was felt that probation officers and others visiting the home should always be reminded of the necessity of guiding the father of

the family. It was further considered that at the time of marriage more attention should be paid to the responsibilities of parenthood and the committee recommended that suitable literature dealing with the duties of parents, and in particular the place of the father in the home, should be prepared for distribution by clergy and registrars to marrying couples. In addition, where marriage guidance councils or similar bodies exist, persons proposing to marry should be informed and these organizations should where possible provide pre-marital guidance. In this connection it is of interest that *Family Doctor*, a journal published by the British Medical Association, has issued a special booklet for young couples entitled "Getting Married," 1956.

(ii) (a) Improvement in housing and of household facilities, with intensive supervision and training in their use by health visitors assisted by home helps, and by housing managers.

(b) Adequate provision and coordinated use of the health and social services, including mental health, child-guidance, psychiatric services, marriage guidance, family planning, etc.

(c) Special arrangements for the unmarried mother and the illegitimate child—mother and baby homes, hostels for mothers in work, day nursery facilities, etc.

(d) Early ascertainment of the handicapped and special care for them, both as children and later on, with particular emphasis on the mentally handicapped.

(e) Early detection and reporting of potential problems so that intensive action can be taken.⁴

Problem families, although they cause a serious amount of social disturbance and represent a great economic liability, are numerically few relative to the total population. Therefore it should not be impossible to deal with them as an intensive problem on a priority basis. This would obviously be extremely worth while, for by preventing the perpetuation of the problem family pattern through the rehabilitation of an ever increasing proportion of such families, it is well within the bounds of possibility that within the next fifty years the problem family as such might practically cease to exist.

REFERENCES

- 1 Family Service Units, by Sidney Miller, published in *Mother & Child*, November 1953.
- 2 Helping Them to Make Good by Dr. Enid Browne, published in *Home & Country*, August 1952.
- 3 Cruelty to and Neglect of Children, Report of a Joint Committee of British Medical Association and Magistrates' Association, published by British Medical Association, 1956.
- 4 Cruelty to and Neglect of Children, as above.

SOME SEXUAL DEVIATIONS

William H. Haines, M.D., F.A.P.A.

Director, Behavior Clinic, Criminal Court of Cook County, Chicago

THE purpose of this paper is to describe some of the cases of sexual deviation examined by the Behavior Clinic of the Criminal Court of Cook County. These cases were selected at random, and do not represent the total sex cases as seen in one year. The clinic examines approximately 500 cases a year. Of these, approximately 25% represent people charged with sexual offenses.

The Behavior Clinic is a department of the Cook County Bureau of Public Welfare. It examines persons upon order of court, and deals primarily with indicted cases. The report is limited to a resume of the psychological examination, a social history, a mental examination. The conclusion indicates whether any active mental disease is present and the legal definition of insanity at the time of going to trial. The test for legal insanity at the time of going to trial is: "Does the individual know the charge for which he is being tried and has he sufficient intelligence to be able to cooperate fully with his counsel in his defense?"

The Behavior Clinic was organized at the instigation of various medical societies in 1931 to do away with the so-called "battle of the alienists." Its services are available to the poorest, so that they may be able to have expert psychiatric testimony. We may be called by either the State's Attorney or the attorney for the defense to testify in open court or to assist in planning their case. In the majority of indictments, we testify at the request of the defense. In Illinois, if any individual has ever been adjudicated in any state, a jury of twelve has to be impanelled and a sanity trial held before proceeding to trial on the issue.

Persons charged with indecent exposure constitute one of the groups that we see mostly on referrals by justices of the peace of outlying communities. We have a large collection of these. One common feature is that they usually expose themselves in one certain locality and are repeaters. One exposed himself several hundred times in the libraries of outlying suburbs. Another stood at a window nude with flashlights directed toward his genitalia, so he could be observed by the people next door and those passing on the street. Another sat nude at his picture window at the time when young children would leave school and pass his house. Some drive around nude in their automobiles. Last summer there was an article in a Chicago newspaper about two women who were arrested for driving a car nude from the waist up. They told the arresting officer that it was perfectly all right for men to do so, so in this country of equal rights women should have the same right. I do not know exactly how their case was disposed of.

We have the usual group that send obscene letters and pictures through the mail, or call people on the telephone and make obscene proposals. One person comes to mind who would drive around until he saw a group of small children and then throw pornographic picture books in their midst and watch the expressions on their faces as they looked at the pictures. Another would drive around and eat soiled kotex in the presence of female groups in order to observe their looks of disgust at his behavior. We had one railroad clerk who wanted a set of playing cards on which were obscene pictures. These were owned by a fellow clerk. One day he came to work early, broke into his fellow employe's desk and stole the deck of cards. After looking at them, he masturbated at his desk and then set fire to the pilfered desk to hide his theft. The fire destroyed the building.

Incestuous relationship is seen occasionally. It is not uncommon to see a father-daughter relationship. In the past year, we have had two mother-son relationships. In one, the young man was intoxicated and attacked his mother. He showed genuine grief for his behavior and wished to be punished for his offense, and he was. The other one had incestuous dreams over a long period of time. He frequently drank with his mother and would get her drunk so that she would expose herself to him. He had attacked her several times when drunk previous to his present arrest, but without penetration. After a drunken party, he carnally attacked his mother and was later arrested. He readily admitted the desire to do so over a long period of time.

ANOTHER had dreams of tying people before he attacked them. He and a companion picked up a pair of hitch-hikers (who, incidentally, had just stolen a car in a nearby city). He made the woman disrobe and tied the husband to a fence post with her brassiere. He then ravished her in the presence of the husband. After the act, he tied her to the car and drove the car a short distance, dragging her on the ground.

We have a brother and sister in the early thirties who have been having incestuous relationships. The brother was reared by the father and did not enter the home until his early teens. The father was a ne'er-do-well, a drunkard and an employe of a house of prostitution. The boy, at the age of 7 or 8, used to run errands such as bringing towels and water to the inmates of the houses. When he was returned to his own home, the mother, stepfather and his sisters all lived in one room. Relationships entered into were continued until he entered the Army. Later both the sister and brother were married and each had four children. The brother claims the oldest child of the sister is his. He returned to Chicago in 1954 and again continued relationships approximately three times a week with his sister until arrested on a warrant sworn out by his mother.

We have a group of fathers forcing their young children to commit acts of perversion on them. One was an officer in the Battle of the Bulge. He stated that during that time he read the book of Genesis and that it gave him a right to have his children perform sexual acts on him. He had his 5 and 6-year-old daughters commit fellatio. Another felt it was perfectly proper for him to suck on the breasts of his 7 and 8-year-old daughters, saying, "It is my own flesh and blood, and by the Bible I have the right of doing anything I want to them." Another committed cunnilingus on his small daughters. This man had been initiated in this act before he was 10 and continued in this behavior after his marriage.

Another group of sex offenders are those who commit sex with animals: One used chickens, tore off the head and had relations with the bloody neck; another used calves, while yet another used goats.

It is not uncommon to obtain histories by complaining witnesses that foreign objects have been used by attackers. Some use bottles, some use sticks to obtain their sexual gratification. One patient, a 29-year-old white male, married and the father of three children, after a drinking bout with a companion, attempted to have intercourse with her by

means of a broom handle. After some time he stopped and stuck a potato in her rectum. When she did not awaken he tried to extract the potato by means of a spoon, but it had worked its way up the rectal tract. With that he fell asleep. When he woke the next morning, she was dead.

WE have had our usual share of obscene pictures. It is surprising the number of husbands who take pictures of their wives nude or in obscene positions. One photographer was arrested who had a large assortment of rubber genitalia and fans, so that people could take pictures of themselves in various acts. The police obtain pictures of many male homosexuals dressed in female clothing. Frank homosexuals are very proud of their feminine appearance.

Lately we have seen many pictures of the phallus of unusual length. Some of these are collectors' items. On one occasion we had an itinerant minister with a three-volume book of photographs of the male organ. He had been arrested for showing it to young boys.

The papers of Chicago recently headlined the finding of a pair of woman's panties in the car of a dead socialite. The police gave me photographs found in a nearby apartment of so-called "Bohemian parties." The men were nude except for women's panties.

One case was that of a young man who went around to various cleaning institutions and told the young girl receptionists that he was an intern at the Cook County Psychopathic Hospital. After some conversation, usually on medical subjects, he brought up the subject of pregnancy. He would explain to them that he had a new test for pregnancy, and if they would urinate into a handkerchief he would let them know if they were pregnant. Strange to say, many of the girls complied with his request. He was employed as a bridge tender outside of the state. Shortly after I examined him a crack passenger train had a mishap at his bridge. I have often wondered whether he was on duty or carrying out his experimental studies.

Another 33-year-old male gave a long history of sexual deviations. At an early age he was whipped by his mother, at which time he enjoyed pleasure. He would repeat acts so that he could be whipped, lying on the floor, and then look up and see her genitalia. He enjoyed smelling body odors at that time. He had vivid fantasies of being whipped by switches, belts, razor straps by his mother or his grandmother. Later, when he attempted to perform perversions on his wife,

she left him. He entered the Army and on several occasions permitted perversions in public. He said that on each of these occasions he performed these acts so that he could be released from service, but somehow or other he was always sent to a less desirable assignment while the other participant was discharged from service as undesirable. He became an expert on photography and enjoyed taking pictures of sex acts at parties. These would be of both women and men engaging in the sex act and also of men practicing sodomy on women. He kept the negatives and sold the prints. From a very early age he had dreams of perversion with his mother, but this never actually took place. He had desires to kill small children for the thrill. In his mid-twenties he lost his "manhood" and took many tonics in an effort to restore his potency. He had one girl friend and would threaten her with a gun, and it was only by the use of force that he was able to perform relationships. On one occasion he took the gun and was going to kill his girl friend because he felt he was unable to satisfy her sexually. En route there he saw a woman with a shiny, pink coat, which excited him. He went up to her and "gave his usual line" which was that he ran a series of houses and wanted to know if she wanted to work for him, stating that she could earn \$50 a day. When the girl refused and jumped on a passing bus, he followed her. When she left the bus he again followed her. He attempted to rape her on the way home, but was unable to perform the act. He was caught in an alleyway near her flat.

IN a case of sado-masochism, the husband was 27 at the time of the examination. According to the social history, he had been drinking to excess since the age of 18. He was subject to violent temper tantrums and was an only child. Because of an accident at the age of 5, he spent most of his early years in hospitals. He had many operations because of a leg condition. He attended a school for crippled children and later went to a private boarding school. When he was young the parents had reports that he had struck other children. Otherwise his mother said he was as "good as gold and no worry to her." He quit school at 17 and worked as a welder. He earned "big money" and spent it right and left, mostly in drinking. He was married at the age of about 20 to a neighborhood girl, one year younger than himself. Prior to his marriage he created a disturbance at her home by honking his auto horn outside the house until early morning against the objection of her father. The girl ran away and married him and then

lived with his mother for about nine months. One night he cleaned a shotgun in the kitchen and decided to use the telephone book as a target. He missed the target and destroyed one of the mother's china cabinets. He was ejected from the home and lived in a hotel for a short time, until he had a home of his own. The mother noticed that at times his wife would have black eyes and scratches all over her body. The wife made excuses, saying they had been out drinking before the accident occurred. According to the patient's wife, she knew he had a temper, but thought everyone had a temper. She broke with her family and married him against their advice. Prior to her marriage she drank very little. Six months before the marriage he asked her, "Are you willing to prove your love for me?" When she answered in the affirmative, he said, "If I hit you a couple of times, it will prove I love you." "Then he hit me on the back a couple of times, not hard." After the marriage, on several occasions, he would beat her with a strap across her body. Sometimes he would take her out in a car and beat her, stating that if she cried or let out a sound she would get it worse. On one occasion she said she was hit at least twenty-five times. On the following day, when he would see the marks he had inflicted, he would cry and swear that it would never happen again. Following this, she would have a temperature and at times needed a doctor's care. On one occasion he tied her to a window curtain frame by her stockings and beat her all over. She said it lasted about four hours. She was blindfolded. Upon her release, she had to kiss him all over and tell him that she loved him. On occasions he would beat her up if she did not greet him when he returned home late at night. On one occasion she went to visit relatives and he was fearful that she had left him. After eight hours' absence, she returned. He made her sit on the bed nude, telling him that she loved him. He made her repeat over and over again what she had done during the day and she had to promise she would never leave him again. He began playing with himself and when she became curious he forced her to hang by her feet in the doorway. He had tied her hands with another rope long enough so he could stay in bed and kick her as he was turning her around. He did this for about fifty minutes and said, "This is what you are getting for being so nosy." He then took a lighted candle and burned most of the pubic hair. If she started to cry or let out a sound, he kicked her in the face. He then took his belt and lashed her from head to toes. After about two hours,

according to her statement, she said that he was ready and he picked up her head by the hair and discharged in her face. The following day, when he saw her body all bruised, he cried like a baby. He spent the entire day at home with her applying compresses. At another time he hung her up by the arms, crossed behind her back. He stuck a handkerchief in her mouth to keep her from screaming. Meanwhile he beat her with a belt. Other times he hung her by the hair and burned her with cigarettes. On one occasion he tied a string to her nipples and would pull on them when she was hanging by her hair or her hands. On other occasions she was to lure men up to her apartment and he would hide behind the couch to watch. This, she said, she never did. She became pregnant and during the entire pregnancy he was "perfect" to her. On the following Christmas he became intoxicated and threw a Christmas tree at her. Because of this she had him arrested, but felt sorry for him the next day in court. He behaved himself for about nine months; and then at that time he undressed her, put her in the kitchen sink and turned hot water on her. She called the police, but by that time he was sober and he was given another chance. When he didn't beat her, she had to buy sexy magazines to look at while she masturbated him. One time when she didn't get them and leaned over a desk, he beat her with a curtain rod. After this beating he stated it was just a good old-fashioned spanking. She was black and blue for three weeks and couldn't sit for a week. He told her she was his slave and to impress this on her he branded her with the letter "S" in her pubic hair, saying every time she disobeyed him she would have another letter added to it. At times they indulged in mutual urolagnia. His indictment occurred after an arrest following his wife's visit to a nearby tavern. When she returned, he did not believe her statement and took a knife and cut the word "liar" on her chest. This, she thought, was too much, so she had him arrested. She wrote a long history of his behavior which was substantiated by his life history as he wrote it. In her story she concluded, "he has his good points and his bad points." Incidentally, she refused to appear in court against him, so the charges were stricken. Needless to say, during his incarceration in the county jail awaiting trial, he was most penitent and remorseful. He asked for psychiatric care and made plans for after care in case he were released.

Many other forms of abnormal behavior have been intentionally omitted.

POINT OF VIEW

The Harm of Prison Books

THE increasingly frequent appearance of books written by prisoners or former prisoners about their life behind walls prompts a question as to the value of such work. The best way to answer that question is to ask another one: Would anything have been lost if such books had not been published? It is difficult to find an exception to a generalized No.

Until not so long ago life in prison was part of the realm of the fiction writer. To a large extent that is still true. Most of the now-it-can-be-told books that have come out of prison, or out of their authors' recollections of immurement, are at best only nominally factual. Granted that they are, basically, actual persons' accounts of their specific experience as convicts; nevertheless their reliability as faithful representations is open to question. By the very nature of the maladjustment or malaise that made them offenders in the first place, from the impact of their struggle against society and the bitter distillation of the retribution exacted from them, these people are disqualified as objective observers of their own or others' lives. They are, with an almost predictable uniformity, subjective in their judgments, partially selective in the choice of subject matter, prejudicial in their views of a normality that has been denied them, resentful toward an order based on conformance and only superficially converted to the reversal of their ingrained tendency. Their outlook colored by self-pity born of years of tendentious introspection, their intolerance of restraint damned up by repression, their experience limited by the contentious course of their lives, they reach out for a masked form of retaliation that will inflate their self-justification and accomplish their self-glorification. One does not question that all these marks may be morbid products of early underprivilege or mischance or of physical or mental disability, perhaps aggravated by cruel combinations of misfortune. No doubt the evils of the prison system, too, have added to this sum of deformity. The point is that a person so constituted by endowment and experience is thereby unfitted to serve as an honest reporter of the events in which he has been so poignantly involved. What he may believe to be true is not the full truth either qualitatively or quantitatively.

The theme of imprisonment, its fascination for writers and its attractions for readers are a natural outcropping of the many basic patterns of ideation typified in the spirit's striving to transcend the body's fetters. From conception to death, the polarity of confinement and escape dominates the trend of life and the mystical configurations of thought. Casanova, Hugo, Dumas, Dostoyevsky, Dickens, Wilde *et al.*—through literature runs the thread of man's metaphorical obsession with flight from an archetypal captor. The squalor, misery and frustration of the cage, part of the vicarious experience of virtually everyone, awaken an instinctive dread of confinement, conjure nightmarish phantasies of capture and invoke compassion for the hunted. No wonder that the outlaw's flight is so sure a device for riveting eye to page. Further sympathy for the prisoner has emerged from such legends as that of O. Henry, fostering the idea that the ordeal of retribution can uncover and activate talents theretofore buried in the wastes of youthful aberrancy.

It seems to have been in the Roaring Twenties that manuscripts began to be smuggled out of prisons. Some of these had unquestionable literary merit—not a surprising quality to find in any broad segment of population. Magazine and book editors were not slow to sense the publicity potentialities of such material. It was not long before San Quentin became a sort of literary Mecca. Other writers behind bars were discovered and prison books began to emerge as a bibliographical category. Unlike O. Henry, most of these writers have addressed their talent to autobiographical fragments of their criminal careers and their associations (but nearly always without objectively assaying their own crimes) rather than to artistic crystallizations of life at large—a fact that delimits their claims to artistry and poses the question of their ultimate validity as spokesmen for all prisoners.

When any prisoner fertilizes the ordinarily sterile reaches of his confinement by finding or developing means within himself to establish his usefulness, no one can withhold genuine applause. It is precisely because prisons commonly fail to awaken this spark of self-help that they are justly condemned. Whether it be in a simple willingness to learn and to work, to master a gainful craft or to display genius, this evocation of the best means of reform is eminently to be desired. But further exploitation of the exposé form of prison writing is hardly worth encouraging. At best it is opportunistic, tendentious journalism. It panders to the morbid curiosity of an undiscerning audi-

ence. It springs from grudging motives and is aimed chiefly at self-aggrandizement for the author. It dilutes and detracts from the comprehensive aims of social therapy. It contains no germ of long-range benefit for prison, prisoner or public. And it has been played out to the lengths of a tired cliché. Until another veritable Jean Valjean comes along, it would be just as well to tune it out.

The "Mad Bomber" and Police Bungling

THE case of New York's "mad bomber" raises a serious question: if it took sixteen years to track down this irresponsible paranoic, whose history and aberrational diagnosis were known all that time, what reliance can be placed in metropolitan police methods of guarding society against more obscure, cunning and elusive enemies?

The plain fact is that this man with a pathological urge to secrete bombs in public places could and should have been found and put out of harm's way many years sooner. There were at least two direct indicators of his identity: his own repeated boast that he was a disabled, disgruntled former employe of a specific utility company, and the nature of his aberration as revealed in his written messages and in his psychotic behavior. Why the material evidence was not implemented long ago by exhaustively winnowing the company's records has not been clearly explained. Neglect of the second line of investigation is more easily understood.

Several years ago the police were advised by more than one psychiatrist that this man was obviously a textbook example of a familiar condition. This trend of violent aggression runs so uniformly to type that it was possible to specify, with a high degree of probability, various features of the man's identity—ethnic background, occupational proclivities, social traits and pathological eccentricities. These elements could have been posited as a partial portrait that, in combination with what was known of the bomber's history, would have considerably narrowed the spotting of suspects.

Now it happens that the police are not enthusiastic about using psychiatric tools. Occasionally, in a change of administration, an official comes along who is fairly receptive to such esoteric help, but generally the attitude is that the traditional police methods are self-sufficient and outsiders are not wanted. At any rate there is no evidence that the psychiatrists' advice about the bomber's symptoms was ever brought

into play. The police clung to their own techniques and the bomber remained at large, punctuating his immunity by depositing his explosives in conspicuous places at regular intervals.

When the man was finally arrested, police methods had little to do with his capture. The bomber virtually surrendered himself by writing to a newspaper self-glorifying information that led to the belated finding of his employment and disability record—data that could have been uncovered fifteen years earlier. It is anticlimactic to add that the person thus apprehended, and his malaise, closely fitted the partial description offered by psychiatrists years before. The prisoner himself also confirmed another familiar psychiatric tenet—that he, in common with nearly all psychotic offenders, had been almost eager to be caught and was greatly relieved to be in custody. This characteristic criminal's yearning to be captured throws a revealing light on the usual police attitude that the solution of a seemingly puzzling case is a feat calling for public plaudits.

The embarrassment of the police in this instance is attributable largely to a prevailing defect in crime-detection methods—an aversion toward employing all available scientific adjuncts. Psychiatrists in general have no desire to usurp police prerogatives; their attitude is simply that their help is available when and if it would be useful. The physician's skill in the detection and diagnosis of obscure ailments is, after all, akin to the gifts of penetrating observation and intuitive deduction necessary to an effective investigator of crime. The psychiatrist's knowledge of mental distortion is additionally applicable. The difficulty—and the concomitant disability—is allied with the shibboleth that, because lawyers are responsible for law enforcement, their coterie and its philosophy should dominate all matters relating to law violation. This prejudice has been largely broken down as far as the Federal Government is concerned; there the manifold uses of modern enlightenment are producing some of the results we have a right to expect. Among other developments, experience with the broad problem of national defense (including the ominous field of brainwashing) has shown that a knowledge of both the healthy and the distorted mind is an indispensable part of total resources.

Until the metropolitan police departments recognize the need for a truly scientific approach to the crime-control question, their efforts will continue to be frustrated by needless fumbling, with a consequent avoidable threat to public safety.

"Baby Doll" and Censorship

POPULAR films tend to become a repository of the folklore of their time. They record, directly and by allusion, the ephemera that characterize an era—styles of dress and of grooming, quirks of speech, topical interests, fads and other momentary trends. Historians of the future will be well supplied with multi-dimensional material. Besides crystallizing their segments of time, films often acquire a secondary significance through episodes and legends associated with their term of popularity. Thus such names as Griffith, Valentino and Monroe are encrusted with laconic lore more pervasive and enduring than their owners' work. Perhaps "Baby Doll" will join this category of doubly remembered screen phenomena.

If this film is remembered in years to come, it may well be because it symbolizes a success owed largely to having the alluring "Forbidden" stamped upon it. Its boxoffice appeal has been heightened by the spice of controversy. Banned for Catholics in New York by a cardinal's denunciation, it has yet escaped proscription in other jurisdictions and has even been praised by some ecclesiastical spokesmen. All this redounds to Hollywood's profit and no doubt inspires imitators. The lesson seems to be the timeworn one that censorship is futile because, among other reasons, its end effect is the reverse of its purpose. Few impulses are stronger than the desire for what is denied us. The ban may have dissuaded many conscientious people from seeing the film, but it probably attracted a greater number who would not have been drawn to it otherwise.

The variability of moral judgment is illustrated by the report of one viewer that the only immoral act he found in "Baby Doll" was the crime of arson committed by one of the protagonists. Others based their objection, not on the theme of concupiscence, but on the anti-racial epithets applied to an alien character. On the other hand, a scrupulous judge might complain that in this case the profane love of the child-wife's seducer is treated more sympathetically than the sanctioned approach of her uncongenial husband. Nevertheless, although the sexual element is the very essence of the story and its sensual overtones suffuse the total impression, the situation is treated with artistic understatement and with explicit moral judgment.

It is arguable that a moralistic prohibition of stories of this genre would impose an unjustified restraint upon the film industry. On the

screen as in other mediums, an honest attempt to mirror life is hobbled if certain segments of everyday behavior must be bypassed. Moot questions, sexual or otherwise, cannot be answered by being ignored. The issue has been fought out repeatedly with regard to literature, nearly always with a popular aversion toward rigid censorship. Smut for smut's sake is one thing; realistic portrayal of situations common to most people's experience or observation is quite another. Foreign films have accustomed audiences to a frank statement of many human problems about which the American ethos has been traditionally reticent; Hollywood seems to be faced with the problem of how far it can follow the same course with impunity.

The motion-picture world, and television too, would merit more objective judgment if they came before the court of public opinion with clean hands. Everyone is aware that more offensive film fare than "Baby Doll" is often presented under evasive devices of crude implication and sniggering innuendo. Also, as we have observed before, film advertising frequently is more objectionable than the attractions it exploits, descending to titillating suggestion that is fraudulent as well as distasteful. That this situation has not improved is attested by the salaciously tinted ballyhoo that plays up "Baby Doll" as something seductively illicit.

An Idea for Social-Work Training

MILWAUKEE is justly proud of a program it has just established for professional training of students in social work. Eighteen positions for students in training have been allocated in eight county institutions and departments concerned with juvenile and adult probation and family, medical and psychiatric social work. First-year students will be paid \$180 a month for a twenty-hour week, second-year students \$190. Eligibility is based on enrollment as a full-time graduate student in the University of Wisconsin's School of Social Work and the employment will fulfill the school's field work requirement. Placement from other such schools also is envisaged. As one of the benefits of the plan, Milwaukee County looks forward to staffing its probation service entirely with officers having at least a Master's degree. Since lack of adequate training resources has long been regarded as a bottleneck preventing optimum social services, Milwaukee's idea will perhaps inspire constructive emulation elsewhere.

BOOK REVIEWS

The Silent Life

Thomas Merton, Farrar, Straus & Cudahy, New York, 1957.

EVEN those who thought Thomas Merton's earlier books sometimes either too esoteric or too rhapsodic may like his latest, "The Silent Life." It is a book about the monastic life and he writes most convincingly about the joys of a life of silence, hardship, humility, prayer and penance lived for the love of God.

Merton begins, in a prologue, by answering the question, What is a monk? He defines a monk as a "man who has been called by the Holy Spirit to relinquish the cares, desires and ambitions of other men, and devote his entire life to seeking God." In five short chapters under the heading, The Monastic Peace, he discusses in a theological vein how the monastic society realizes this purpose.

Merton then discusses the two main branches of the monastic family: the cenobites, who live in community, and the hermits, who live a solitary existence. Although there are seemingly great differences in the externals of these various contemplative orders, the spirit is the same. All follow the Rule of St. Benedict, who lived in the sixth century. Their differences depend on the particular aspect of the Rule that is stressed in each order. The Benedictines and the Cistercians are cenobitic groups, but the Cistercians are more austere and have greater emphasis on silence and solitude. Merton is a Cistercian of the Strict Observance popularity known as Trappists, and there are also Cistercians of the Common Observance. The Carthusians were founded by St. Bruno, but their spirit is also Benedictine. They divide their time, as do other monks, between manual labor, chanting the Divine Office and spiritual reading and prayer. They live as hermits-in-community, but this monk's life is led almost entirely in his cell. The Camaldolese, who have no charterhouses in the United States, are even more strict and their cells are completely separate from one another. Another interesting aspect of this life is that a hermit, after careful testing, may even be allowed to live absolutely alone in his cell, never joining the

Book Reviews

others except three times a year. Merton writes in some detail of each of these orders and the way each disposes a monk's soul for his hidden destiny in God.

To anyone who has always thought of a monk as a man who is trying to escape the world, this account may be a revelation. For a monk escapes only to find *himself*, a frightening prospect for any but the brave. Merton succeeds in bringing into focus a little understood vocation of detachment and joy.

EVE M. ROUKE

The Stress of Life

Hans Selye, McGraw-Hill, New York, 1957.

DR. SELYE needs no introduction to the readers of this review, who are aware of his tremendous work. He has written a new book, which has as its main purpose the recounting of those things that medicine has learned about stress. This book is arranged into five major sections: The Prehistory of Stress; The Dissection of Stress; The Diseases of Adaptation; Sketch for a Unified Theory; and Implications and Applications.

Readers throughout the world know of the contributions of Hans Selye to the understanding of the stress of general adaptation syndrome. His work has led to countless researches and has given new understanding to the physical-psychological relationship. The technique of writing is one that allows for easy grasp and the use of analogies illuminate the point the author is trying to make.

As you begin to get into the text material, you are led into the thought processes of Dr. Selye as he retrospects upon his early days as a medical student who had, at one time, thought about the concept "disease in general" but did not dare pursue it. Throughout, the book is oriented more toward the lay reader rather than the professional, but the latter would not be wasting time if he were to peruse this very enjoyable book. You cannot help but admire the author as he admits his shortcomings, his early failures, his erroneous conceptions just so that the present concept can be better understood.

Whenever physiological concepts are proposed, Selye takes time

to define them for the reader. Further, to add to the ease of reading and understanding the material contained in each section, the author begins each new section with a summary. He recommends that the second and fourth parts be omitted by those readers not seriously interested in the nature of normal and morbid life. By carefully examining the summary of these sections, continuity is provided.

Non-scientists as well as psychologists, biologists, physiologists and practicing physicians would do well to read and absorb the third section of this book, which places emphasis upon the diseases of adaptation. A range of disorders beginning with high blood pressure and cardiac diseases, running through renal and dermatological diseases and concluding with metabolic disturbances are presented. The material contained in this section is clear and concise and further, the knowledge that all disease need not have a specific bacteriological cause will appeal to those who have long followed this line of thought and may help educate those who do not.

The fourth section consists of a less technical version of material that appeared in the third annual report on stress. Even with the lessening of technicality, the section is the hardest to read but the most fruitful from a theoretical point of view. Selye tries to show how the stress concept could lead to a more unified interpretation of biology and medicine and then goes on to point out basic tenets for a new type of medicine based on stress and certain psychosomatic implications with some suggestions to the reader on the maintenance of homeostasis. He does necessarily point out that "there is no ready-made success formula which would suit everybody," thus recognizing the factor of individual differences as he discusses the philosophical implications of stress.

In retrospect, the analogies used in the book do much to add to the written material, which is readability at its best. Without a doubt, this book will find its way into the college classroom as a text in a course on emotions or as required reading in physiological, developmental, educational and abnormal psychology. This reviewer's reaction to the book can be summed up as: (1) Intellectually satisfying and informative and (2) emotionally exciting. It is an addition to the library that will be read and reread with the feeling that you are taking part in the discoveries and insights of the "Stress of Life."

ANTHONY J. SUMMO

Department of Psychology, Manhattan College

Book Reviews

Home Before Dark

Eileen Bassing, Random House, New York, 1957.

THE homecoming of a psychiatric patient after treatment in a mental hospital presents difficulties that constitute a sizable social problem. Such patients, discharged as recovered or paroled on trial, are returning to their accustomed environment in greater numbers than ever before. How well they will adjust to this reacceptance after their emotional ordeal and its remedy depends largely upon the sympathy, understanding and patience of the members of the home circle. Miss Bassing recounts the experience of one of these reoriented citizens, a young wife who tries to pick up again the broken threads of her life with her husband in the academic community of a small New England college. The obstacles she encounters, and the difficulties put in her way even by those on whom she would expect to rely, sum up to a dismaying story. If it is at all typical of what happens to the average recovered patient, then there would seem to be urgent need for better education and liaison to bridge the gap between the hospital ward and the home by reducing the ignorant prejudice and inchoate fears that produce aversion, hostility and suspicion toward a person who has passed through acute mental crisis. Miss Bassing's cautionary tale is somewhat heavily overlaid with the devices of the popular novel, but if that increases the audience for her pertinent message it will have been justified.

The Great Chain of Life

Joseph Wood Krutch, Houghton Mifflin Company, Boston, 1957.

LIKE us, robins have their problems but they seem better able to take them in their stride. We are likely to awake with an 'Oh, dear!' on our lips; they with 'What fun!' in their beaks."

This characteristic sample will give you an idea of the flavor of Mr. Krutch's book. Those of us who remember him best as a drama critic, essayist and biographer need have no misgivings about his latter-day role as an interpreter of nature as he joyfully observes it. True, he is a man with a mission, but his message is nature's own. Mr. Krutch wants us to rejoice in our animal heritage, our kinship with the robin, the field mouse and the coyote. By looking at the basic forms of life, observing their evolution, asking intelligent questions and trying to

answer some of them, he persuades us that life is as wonderful as it was to Carl Sandburg's peddler, who seemed so terribly glad to be selling fish. Let's make the most of our being alive, this Thoreau of the Western desert proposes, and have more respect than callous hunters do for the fellow creatures who share life with us. In the process of inducing this euphoria, he introduces a spate of fascinating information, makes many sage comments and through it all is unfailingly entertaining. Judge from his peroration whether he offers more than a placebo: "Pleasure sickens from what it feeds on, joy comes easier the more often one is joyous. We relapse into melancholy or discontent and boredom. We suffer one or the other if we find at the moment no occasion for a different emotion. But nature, so it seems, relapses into joy. Is any other art more worth learning?"

Bedlam

André Soubiran, G. P. Putnam's Sons, New York, 1957.

ANYONE familiar with mental hospitals is not likely to find surprises in Dr. Soubiran's novel. Riding the wave of popular interest in psychiatric treatment, it gives the lay reader a vivid idea of what befalls a patient who goes through the orthodox routine of hospital treatment. By the device of telling the story of a man who feigns insanity to escape imprisonment for a crime, Dr. Soubiran maintains the viewpoint of the nominally sane observer and thereby heightens the effect of scenes of psychotic frenzy. Since the locale is France and the institutions pictured are "asylums" for the criminally insane, the ordeal is comparable to what it might have been in the less advanced American state hospitals of a generation or two ago and is hardly parallel with what one would find in the average hospital today. Dr. Soubiran's book (titled *L'Isle Aux Fous*) has been a best-seller in France, as was his earlier novel, "The Doctors." It exemplifies his gift for conveying unusual atmosphere in simplified terms so deftly that one can hardly say whether the story of its background has the stronger appeal. By implication he scores several points. One of these is that the criminal who pleads insanity is merely choosing an alternative punishment virtually as onerous in its way as imprisonment. Another, which may not be lost on professional readers, is that a little sympathetic humanity on the part of hospital personnel is precious coin indeed to patients who yearn for understanding.

First Offenders — A Second Chance

Aaron Nussbaum, Privately Printed, New York.

"THE golden mean of punishment must be always that it serve as a full deterrent to others, and yet at the same time be free from that quality of retribution or vindictiveness which tends to destroy all faith and hope upon which true rehabilitation depends."

The significance of these words is that they comprise the thesis of a public prosecutor in one of the nation's most challenging crime centers. Mr. Nussbaum is an assistant district attorney in Brooklyn, with as much professional reason as any man to feel the need for a stern and prompt check-rein upon every manifestation of lawlessness. Yet he has taken the pains to distill the fruit of his long court experience in a booklet that deserves wide circulation and serious pondering. In it he pleads the cause of the first offender and the social advantage to be found in offering that troubled individual a second chance.

Like the brief of an astute attorney, Mr. Nussbaum's book arrays telling testimony and authoritative comment on the idea that the time to strike for crime reduction and humanitarian rehabilitation is the moment when a young person first strays into crime and when the poignant question is whether he will be put aright or catapulted into a full-blown career of outlawry. His citations draw upon the experienced wisdom of many veteran crime-fighters, including his chief, District Attorney Edward S. Silver, and his associate in dispensing justice, Judge Samuel S. Leibowitz. His conclusion conveys the gist of his message:

"The case for the first offender, numbering scores of millions amongst us, calls for the courage and vision of a new appraisal. We should exploit this unique well-spring of rehabilitation with every means at our command.

"The policy of vengeance and repression does not seem to have been successful. Perhaps the policy of protection through correction and preventive effort will be. There certainly is enough conclusive contemporary evidence to justify our saying that it is worth trying. (Quoting Sanford Bates)

"Our traditional antagonisms against the truly reformed offender should be resolved at long last in an alchemy of mutual understanding and cooperation.

"First offenders are deserving, as of right, of another full chance. Our own self-interest, and our national well-being, demands no less. Above all else, we should by our own act of faith empower the truly repentant among them to undo the past, and to assume their rightful place among us as equal members of the community.

"If our peno-correctional philosophy faces in this direction—total forgiveness after total punishment—we shall yet in our time truly reconstruct the first offenders of our nation into the first citizens of the land."

• • •

WORLD OF SOCIAL THERAPY

Absenteeism—Most of the \$180,000,000 annual cost of time lost from work is attributable to "the drone bees of society," workers with "child minds in adult bodies" who cannot face up to maturity's responsibilities, Dr. N. Gillmor Long, a casualty insurance physician, reports in the *Journal of Industrial Medicine and Surgery*.

Atomic Haven—To give every American a 99% chance of survival in case of atomic attack would cost \$38,000,000,000 for shelters, almost as much as the annual defense budget, according to Navy experts.

Canine Therapy—Veterinarians report an increasingly widespread use of tranquilizing drugs to quiet dangerous dogs and other pets for surgery and other therapy.

Child Guidance—Six towns in Fairfield County, Connecticut, have joined in a project to open a child guidance center to provide psychiatric care for mentally disturbed youngsters.

Child Health—London children average more than half an inch taller and three pounds heavier than those at the same age five years ago, official data show. Infant mortality has dropped from 6% to 2% in a generation.

Cities' Spread—Problems raised by uncontrolled spreading of city areas constitute the No. 1 challenge of our time, according to Dr. Luther H. Gulick, President of the Institute of Public Administration. A series of articles in The New York Times spotted eighteen of these urban regions, the largest stretching 600 miles from Massachusetts to Virginia. The problems emerging from new patterns of growth include traffic and transportation bottlenecks; swift residential, commercial and industrial transformation of suburbs; pressure on schools, with tax and personnel dilemmas; housing dislocations and accentuation of slum evils.

Dating—A Catholic high school in Connecticut dismissed four students because they broke a rule against steady dating. Many other schools have a similar prohibition, based on the theory that such pupils are too young to prepare for marriage.

Delinquency Roots—Symposiums on juvenile delinquency in Seattle and Portland, Ore., agreed that faulty parent-child relationship was a primary cause of misbehavior. Greater respect for the family unit and cultivation of the child's liking for doing the right thing were emphasized as leading objectives.

Education—A French census taken in 1954, when the population was 43,000,000, showed that 1,000,000 persons had left school at the age of 10; 6,000,000 between 11 and 12; and 13,000,000 between 13 and 14. One in ten had no schooling after the age of 17.

Emotional Heart—Air Force studies of heart disease among service personnel indicate that emotional stress, as well as diet, is a key factor in much cardiac disturbance. Case histories recorded by a team of specialists showed that stressful situations could contribute to the production of cholesterol, even independent of dietary considerations.

Id Ad—Advertising copywriters' increasing dalliance with psychiatric terminology is exemplified in a recent catch-line: "You've Got to Cultivate His Id!" The key word was defined as "the fundamental mass of life tendencies out of which the ego and the urge to live and work develop." An advertising agency continues to use "empathy" as a word-symbol of its function of cultivating rapport between reader and advertiser or product.

Jet Din—Public clamor against the increasing noise of jet planes is building up a major problem for the Air Force and Congress. Studies for possible relief show it would cost at least \$7,200,000,000 to buy enough land around air bases to reduce the nuisance appreciably.

Left-Handedness—Because his left arm was sore from anti-polio shots, a boy of 7 in North Carolina started using his right hand and made a habit of it. His parents and two older children were left-handed.

World of Social Therapy

Mental Caseload—State hospital patients decreased in number last year for the first time on record, the National Mental Health Committee reports. Cases under treatment were 7,000 fewer than in 1955. This was accomplished despite record admissions—186,000 in 1956 compared with 178,000 in 1955 and 115,000 in 1945, the first year of national statistics. The reduction is attributed to intensive therapy, increased expenditure per patient and expansion and improvement of professional staffs.

Pensioner—A former oil company executive who retired from his \$8,000-a-year job in 1924 died in suburban New York recently at the age of 102. His pension payments from the company had amounted to \$170,000.

Population—Rapid growth and radical change of population are among the most important economic factors affecting plans for the future, President Eisenhower told Congress in his economic report. The country's population, estimated at 169,600,000 in January, is expected to approach 180,000,000 by 1960 and to reach 200,000,000 to 225,000,000 by 1975.

Prevention—Economic security has become sufficiently established to permit social workers to devote less time to remedial work and more to preventive activities, Dr. Jay L. Roney, director of the Bureau of Public Assistance of the Department of Health, Education and Welfare, told the Council on Social Work Education.

Priority—Dr. Morris A. Jacobs, departmental career physician recently appointed New York City's Commissioner of Hospitals, has announced that he will give especial attention to the treatment of elderly patients and to care of the mentally ill.

Prisons in Peru—Peru is planning to build 160 new prisons and jails at a cost of more than \$6,000,000. Most of the funds for modernization will come from the sale of central sites of older prisons.

Progeny—A woman who died in Brooklyn at the age of 106 had more than 1,000 descendants. She had outlived her nine children, including a daughter who had seventeen offspring. She had spent most of her life on a farm in Puerto Rico.

Radon—Health Commissioner Leona Baumgartner reported that inspectors had found 32,690 places in New York where people were potentially exposed to radiological hazards. Among the hazards is radon, a radioactive gas emanating from the decay of radium, which is expelled into the air by some chemical manufacturers.

Research—Harvard University plans a study of 2,000 South African natives in an analysis of the effect of diet on coronary heart disease. That ailment is rare among the poor in Africa, whose diet is low in fat and sugar.

Rioting Convicts—Inmates seized control of Utah's six-year-old state prison for twelve hours, holding twenty-eight guards and visitors hostage while they wrought extensive damage, and surrendered only when the Governor promised to act upon a list of forty-three grievances.

Rod and Child—Citing Scripture as well as state law, a city judge in Mount Vernon, N. Y., acquitted a grade-school teacher who had been arrested for striking an unruly 12-year-old pupil.

School Costs—New York City's Board of Education has adopted the largest budget in its history, calling for expenditure of \$412,992,616 in the next fiscal year, an increase of \$68,000,000.

Shaman—News reports from Northern India tell of the obliteration of an isolated village through the machinations of an impostor posing as a Sadhu or holy man. The fakir stirred the villagers to such a frenzy of religious hysteria that in the authorities' efforts to restore order twelve persons were killed and thirty-eight put in jail.

Social Overhead—Investments in schools, hospitals, roads, airports, water conservation and the like should double in the next two decades, according to the National Planning Association. These overhead costs, put at \$42,000,000,000 in 1955, may rise to \$60,000,000,000 by 1965 and to more than \$80,000,000,000 by 1976.

TB and Love—Evidence of an emotional predisposition to tuberculosis is reported by David Morris Kissen, a Lanark physician, in the *Scottish Health Bulletin*. He found among tubercular patients a history of inordinate need for affection and of traumatic episodes involving a break in the love link through death or enforced separations in the family setting or in romantic liaisons.

World of Social Therapy

Tobacco—Forty-five scientists recently received grants totaling more than \$566,000 from the Tobacco Industry Research Committee for study of the relation between cigarette smoking and such ailments as lung cancer. This brought the committee's total appropriations to \$2,200,000.

Tranquilizers—Tranquilizing drugs are being marketed under forty-two trade names by thirty-nine pharmaceutical companies. Prescriptions for them last year are estimated at 30,000,000, more than double the number for 1955, representing 40% of the increase in prescription volume, according to *Drug Trade News*. The Committee on Public Health of the New York Academy of Medicine, as well as the American Psychiatric Association, sees no substantive menace to public health in the tranquilizers, but does recommend non-refillable prescriptions and other safeguards against unguided use. Some drug houses have been criticized for extravagant or incomplete literature that might lead to overuse or pressure on physicians to prescribe the drugs.

Universal Illness—Incidence of mental illness, placed statistically as high as one person in ten, is virtually one in one, Dr. William C. Menninger has contended, because "there isn't a person who does not experience frequently a mental or emotional disturbance severe enough to disrupt his functioning as a well-adjusted, happy and efficiently performing individual." He would include in the category 50% of all patients who consult family physicians, 30% of those who go to general hospitals, the nearly 4,000,000 problem drinkers, the 1,750,000 cases of serious crime each year, the 500,000 juvenile court cases and the fact that there is one divorce for every four marriages.

Vandal—The Bolivian who threw a stone that damaged the Mona Lisa in the Louvre has been found insane and committed to a mental home.

VD—Venereal disease, much of it among teen-agers, is increasing at a conspicuous rate in many parts of the country and the national incidence of syphilis rose in 1957 for the first time in nine years, the American Social Hygiene Association reports. Complacency encouraged by the effectiveness of penicillin treatment and lack of resources in many regions for preventive and combative work are among the reasons assigned.

Veterans—There are 22,000,000 veterans in the United States, according to data presented to Congress. They and their families make up 75,000,000 of the population of nearly 170,000,000. Veterans' expense to taxpayers since 1945 comes to \$66,000,000,000, or about \$3,000 for each veteran.

A FEW WORDS ABOUT THE AUTHORS

DR. C. J. VAN DER HORST-OOSTERHUIS of Amsterdam, the Netherlands, is the wife of Dr. Lambert Van der Horst, whose article on Pre-criminological Problems appeared in the last issue. She is the director of the Child Guidance Clinic at the Valeriusclinic in Amsterdam, devoted to emotionally disturbed children, where she developed her method of thought painting. Born in Holland, where she took her medical degree, she worked in mental hospitals there and in Switzerland and Germany. She also took an active interest in gynecology, as she considers many physical complaints of women are influenced by their mental condition. After her marriage she interrupted her professional activities, but returned to them after her children had grown up.

JOSEPH A. COOK, a graduate of the University of Oklahoma, is now serving as an ensign aboard the U.S.S. Lake Champlain. GILBERT GEIS is an Assistant Professor of Sociology at the University of Oklahoma. He received his Ph.D. at the University of Wisconsin and served as consultant and research director of the Oklahoma Crime Study Commission, 1954-56.

DORIS MAUDE ODLUM, an authority in the sociological and psychiatric aspects of British medicine, is the author of several books and many articles and papers in her field. With degrees from Oxford and London Universities and diplomas in psychological medicine and education, she is a licentiate of the Royal College of Physicians. In addition to being immediate past president of the European League for Mental Hygiene and vice president of the National Association for Mental Health, she is consultant for psychological medicine, Elizabeth Garrett Anderson Hospital, London; emeritus consultant, St. Marylebone Hospital for Psychiatry and Child Guidance, London, and Royal Victoria Hospital and West Hants Hospital, Bournemouth; lately member of Executive, World Federation for Mental Health; former president, British Medical Women's Federation; chairman, Joint Committee of Doctors and Magistrates, British Medical Association; vice president, Medical Women's International Association; member, Home Office Committee on Adoption; corresponding member, Swiss Psychiatric Association.

DR. WILLIAM H. HAINES has been director of the Behavior Clinic of the Criminal Court of Cook County, Chicago, since 1941. A native of Duluth, he received his academic and medical degrees at the University of Minnesota. After varied institutional experience, he became fellow and first assistant in neurology at the Mayo Clinic in 1936. He has been a faculty member in neurology and psychiatry at Rush Medical College, the University of Illinois and De Paul University and a staff member at several hospitals in Chicago and elsewhere. Among his many regional and national posts, he is psychiatric consultant to the Illinois Department of Public Welfare and a past president of the Illinois Psychiatric Society and of the Medical Correctional Association.

DR. BERNARD H. SHULMAN of the Psychiatric Institute of the Municipal Court of Chicago and the Alfred Adler Institute has had wide experience in the treatment of offenders. A native of New York, he received his M.D. at the College of Physicians and Surgeons, Edinburgh, Scotland, after his academic education in Eastern universities. He has been senior psychiatrist at the Willard (N. Y.) State Hospital and in the prison ward of Bellevue Hospital. He served overseas in the Army in World War II.

DR. JAMES E. MCGINNIS, chief psychiatrist of the Los Angeles County Hospital, is a native Californian who was educated and served his internship at Stanford University. He was resident psychiatrist in the Los Angeles General Hospital, 1943-45, and has numerous affiliations in the activities that have made California a pioneer in the application of medical principles to correctional problems.

THE UNIVERSITY OF CHICAGO
CHICAGO, ILL.
1911

TO THE EDITOR OF THE JOURNAL OF THE
ROYAL ANTHROPOLOGICAL INSTITUTE

SIR,

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the article on the "Prehistoric Man of the Lake District" which appeared in the July number of the Journal. I am glad to hear that it has been found of interest to your readers. I am also glad to hear that you have been able to obtain some of the material which I mentioned in the article. I am sure that your work will be of great value to the study of the prehistoric man of the Lake District.

I am, Sir, very respectfully,
Yours,
J. H. R. KELLY

P.S. I am sorry to hear that you have been unable to obtain the material which I mentioned in the article. I am sure that your work will be of great value to the study of the prehistoric man of the Lake District.

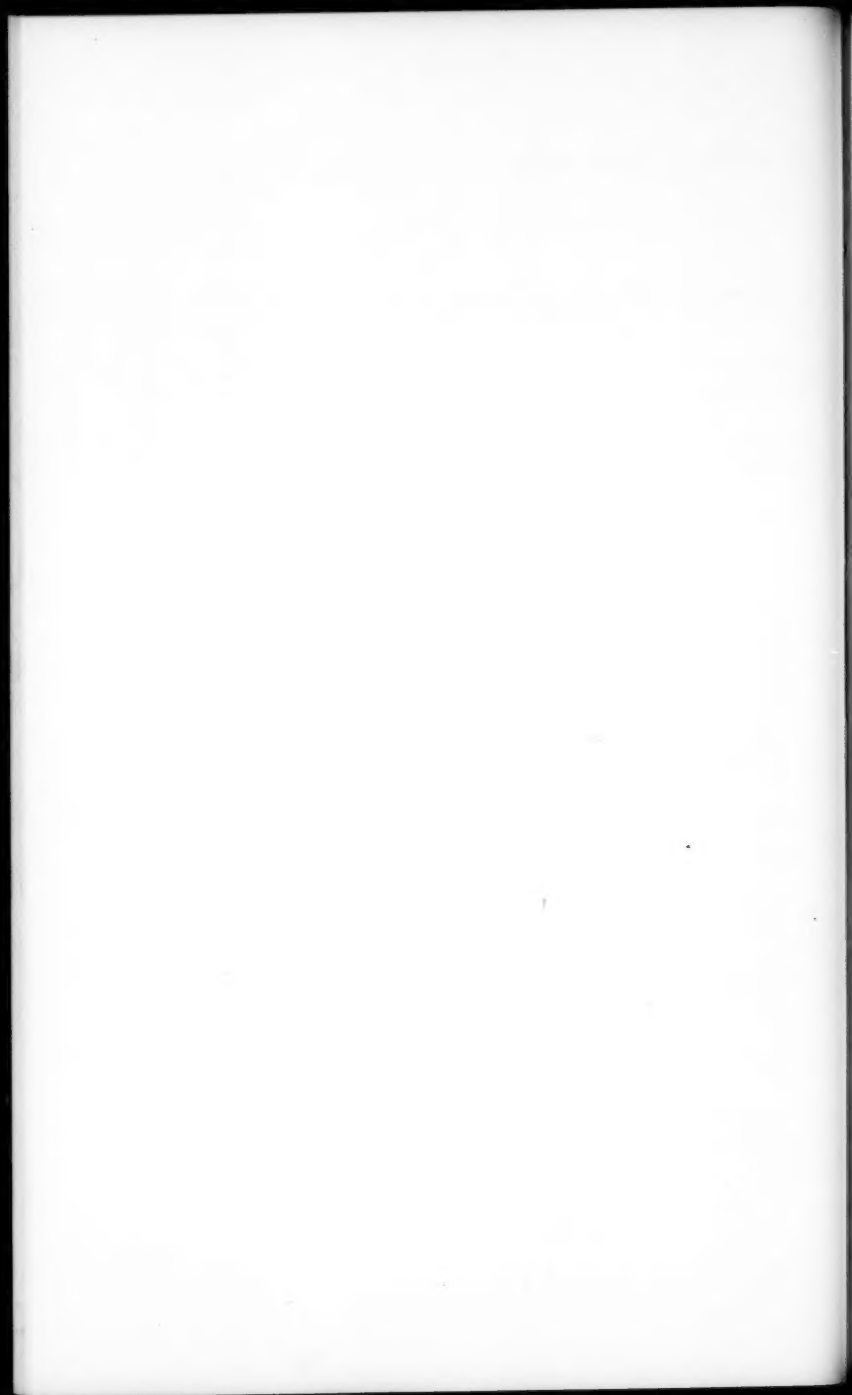
THE UNIVERSITY OF CHICAGO
CHICAGO, ILL.
1911

TO THE EDITOR OF THE JOURNAL OF THE
ROYAL ANTHROPOLOGICAL INSTITUTE

SIR,

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the article on the "Prehistoric Man of the Lake District" which appeared in the July number of the Journal. I am glad to hear that it has been found of interest to your readers. I am also glad to hear that you have been able to obtain some of the material which I mentioned in the article. I am sure that your work will be of great value to the study of the prehistoric man of the Lake District.

101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200



Volume 10, Number 2, Spring 1982

Editor: J. H. Green

Editorial Board:

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

Editorial Assistant: J. H. Green

THE JOURNAL OF SOCIAL THERAPY

Official Publication of the British Association of Social Therapists

Volume 10, Number 2, Spring 1982

Editor: J. H. Green